



U.S. Department of Transportation

National Highway Traffic Safety Administration

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

*** *** ***



Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

PSU 43 CASE NO. 109A

TYPE OF ACCIDENT _

VAN/CAR

RT. ANGLE

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

VEHICLE I WAS TRAVELING SOUTH ON APPROACH TO A RURAL 4 WAY INTERSECTION. VEHICLE 2 WAS EASTBOUND ON APPROACH TO THE SAME INTERSECTION. THE VEHICLES MADE CONTACT IN CLOSE PROXIMITY TO THE 4-MAY CENTERPOINT. VI BEC'D FRONTAL DAMAGE, V2 REC'D SEVERE LEFT SIDE DAMAGE. BOTH VEHI'S SISTAINED CONTACT TO FINAL REST IN THE SOUTHEAST SECTOR. DURING INITIAL IMPACT, THE DRIVER OF V2 WAS PARTHUNG EIGHTED THRU THE LF GLAZING, WHILE ALSO BECOMING ENTERPED BY HEAVY LATERAL INTRUSIONS. THERE ALSO WAS A SUBSTANTIAL

B. VEHICLE PROFILE(S) Most Severe Damage Class Component Vehicle Severity Year/Make/Model Damage of Failure No. Description Plane Vehicle NONE INTRUSIONS

			C. PEI	RSON PROFIL	_E(S)		
Vehicle	Person	Seat	Restraint		Most S	Severe	Injury
No.	Role	Position	Use	Body Region	Lesion	AIS	Injury Source
/	PRIVER	1) Front	NONE	THORAX	CONTUSION	(STEERING RIM!
	Passuga	(B) Front	NONE	HEAD	ABRASION	1	LOOSE CARGO (SANDBAG)
2	Davin	DFnort	MANUAL LAP/SHOULD W/ DEPLOYED AICBAG	HEAD (depressed Fracture To BE	X 3 PD	hood edge of 9TED) other vehicle

DO NOT SANITIZE THIS FORM

AMOUNT OF CARGO IN VI (222,000 Lbs.

SAND BAGS, TOOLS, ETC.) WHICH WERE LOOSE @

IMPACT. THE (2) OCCUPANTS OF VI
EXITED THE VEH. THRU THE FREAR DOORS.

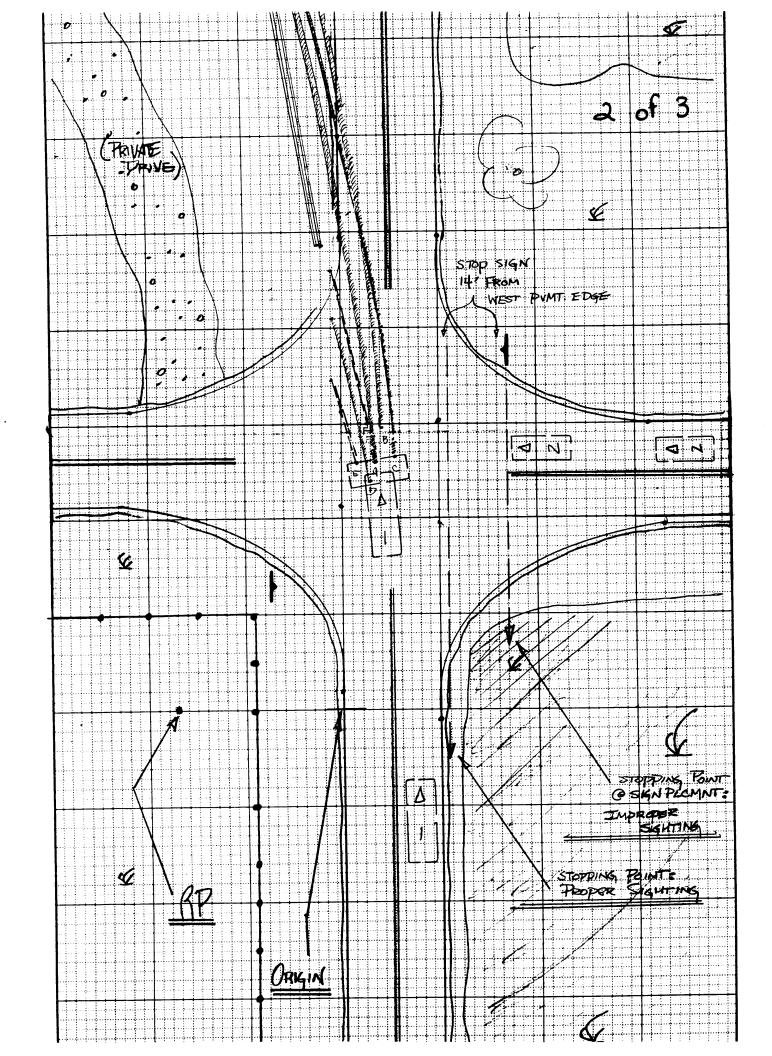
VZ WAS CUT APART IN EFFORTS TO

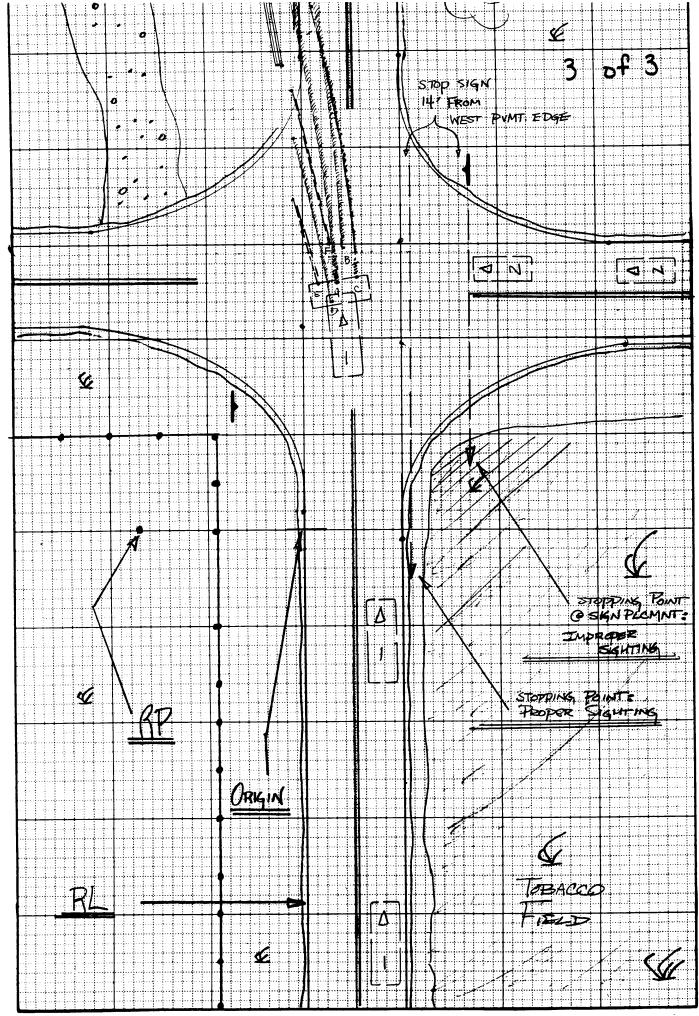
EXTRICATE THE DRIVER, WHO WAS

PRONOUNCED DEAD @ THE SCENE.



CRASHWORTHINESS DATA SYSTEM U.S. Department of Transportation National Highway Traffic Safety **ACCIDENT COLLISION DIAGRAM** Administration PSU No. SCALE 1"=201 Case Number - Stratum Indicate SOUTHBOUN BEARING Œ STOP SIGN 14' FROM



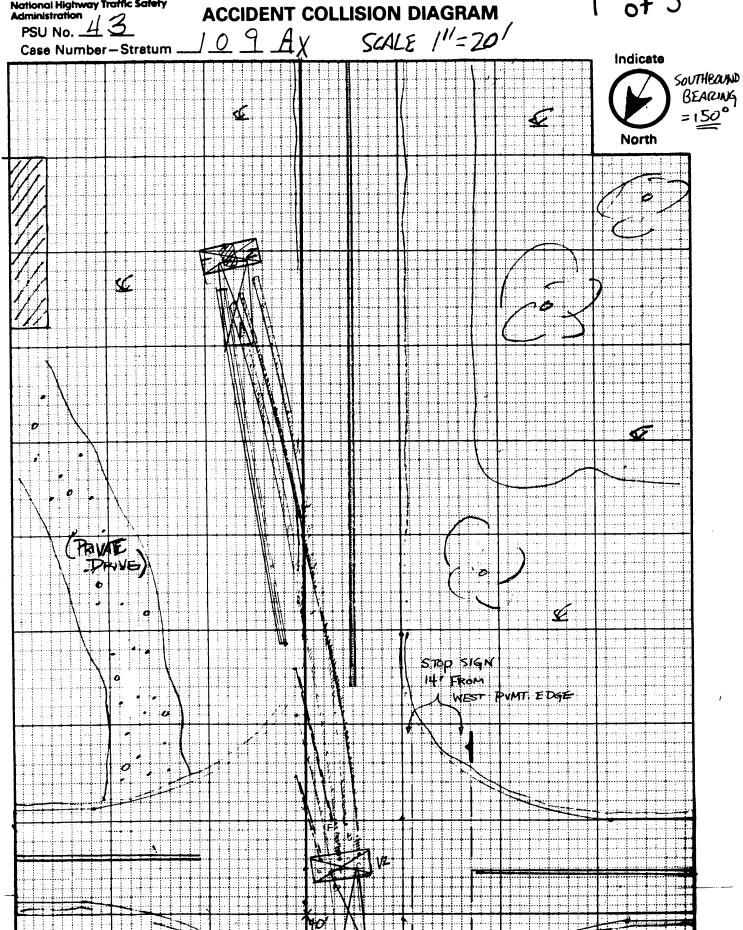


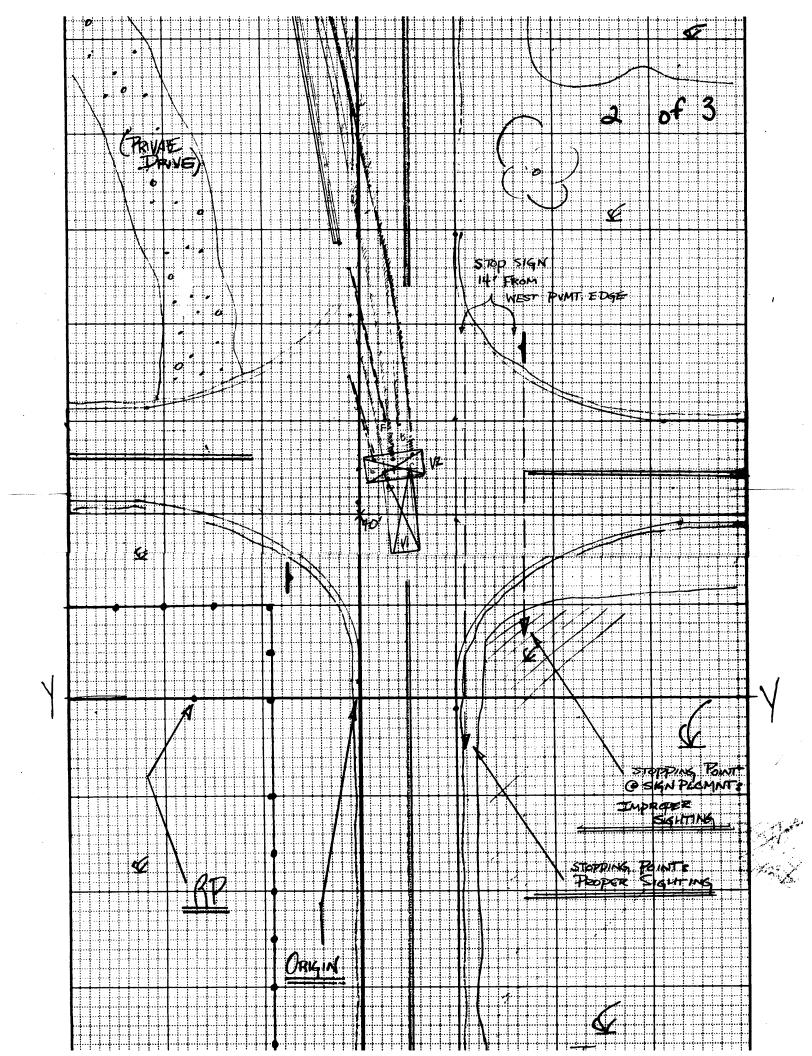
TRAS RECONSTITUTION ALACCIDENT SAMPLING SYSTEM

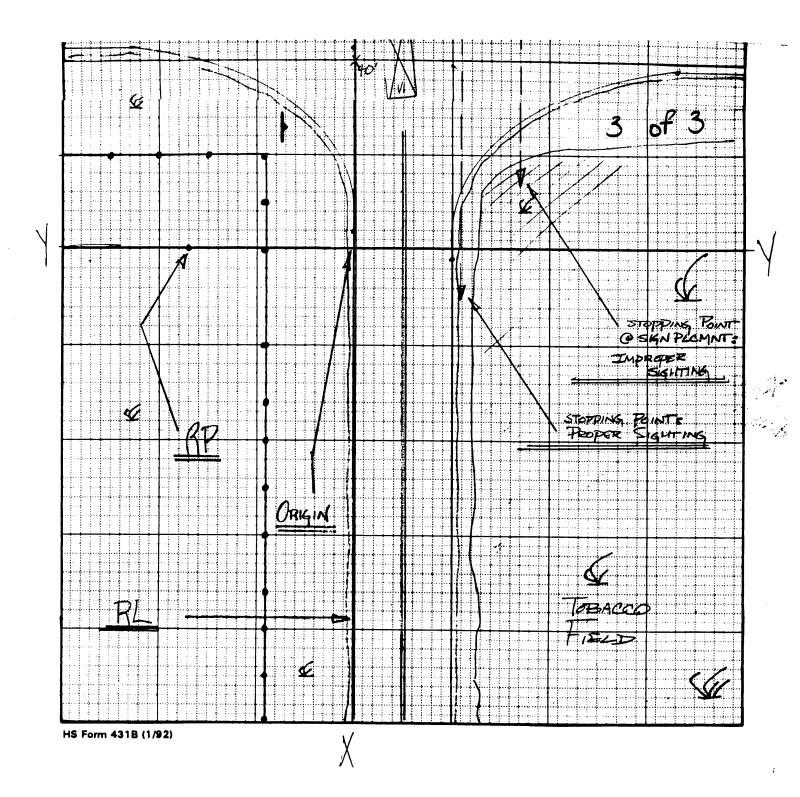
U.S. Department of Transportation

National Highway Traffic Safety Administration

of 3







* PAR HEADINGS INCORRECT

2

U.S. Department of Transportation		EMENT TABLE	NATIONAL ACCIDENT SAMPLING SYSTEM				
National Highway Traffic Safety Administration			CRASHWORTHINESS DATA SYSTEM				
Primary Sampling Unit Number 43	2	Case N	umber—S	Stratum	<u>-</u>		
ACCIDENT COLL	ISION DIAGRAM	EL II (Cont'd)		CRASH DATA			
PHYSICAL EVIDENCE ABSENT	physical evidence	,		VEH. #1 VEH. #2 VEH. #	13		
To be accomplished when there is no physical evidence present at the scene:		ence point and reference physical features present	Heading /	Angle 150° (60°	_		
approximate vehicle orientation at impact and final rest	* scale document induced physics	tation of all accident al evidence		Type B/T B/T			
 applicable road/roadway delineation (e.g., curbs/edge lines, lane markings, median markings, pavement merkings, etc.) 	* scaled document objects contact	ntation of all roadside ted	Surface 1	77 <u>71</u>	_		
* applicable traffic controls (e.g., speed limit)	* roadway surfac applicable road	e type and condition of ways	Condition	$\frac{\sqrt{29}\sqrt{\sqrt{25''}}}{\sqrt{25''}} \frac{\sqrt{25''}}{\sqrt{25''}} \frac{\sqrt{25''}}{25'$	- 9.		
* north arrow pieced on diegram * sketch required	* grade measured roadways and d initiation	ments for all applicable at location of rollover	Grade (v/h) Measurement (between impact				
- arateu tadmise	* scaled represed	ntations of the vehicle(s) at	and final	rest)			
LEVEL II PHYSICAL EVIDENCE PRESENT	pre-impact, impupon either:	pact, and final rest based	Grade (v				
In addition to the level I tasks noted above,	a) physical	evidence, or	(at locati	on of	_		
the following must be accomplished when	b) reconstru	ucted accident dynamics	TOHOVE				
Reference Point: Pole #		Reference line:	AST	PUMT. EDGE			
Reference Point:		of 7	7P 1		_		
		Distance and Dire	ction	Distance and Direction			
Item		from Reference P		from Reference Line			
RP (MESS. TO WEST M	NIDPt.)	Ø		34'E			
WEST INTERCEP	- 7-41	Z.Z' N		20'W			
EAST " " "	" #1	4.115		ø			
WEST " " "	" #Z	3915		66.31 W			
EAST " " "	" #2	42.515		46.6/E			
"D" P.667		48315		6.11 W			
"F" BEG		51.8' S		2.8' W			
A" BEG	_	52 ′ S		7' W			
GOLGE MARKO "A" (BEG)		5 2.5′S		7' W			
110 "		5315		11.3'W			
GOUGE MARK 6'C" (REG		53′S		11.3'W			
GOUGE @ A" (END)		5515		6.81W			
LOSE O'C" (FAID)		57/5		10.91 W			
HS Form 431A (1/92)							
GOUGE MARK 6'C" (REG GOUGE @ "A" (END) GOUGE @ 'C" (END))	53′S 55′S		11.3°W			

"B" BEG S9.4'S 7.9'V WEST RP INTERCEPT PT. #3 60'S 63'W "F" BEG 60'S 6.3' W EAST RP " " #3 62.9'S 43.5' "E" END 68.9'S 2'E "D" END 92.2'S 2'E "F" BEG. FURROWING 97'S 5'E	((E
WEST RP INTERCEPT FT. #3 GO'S G3'W "F" BEG G0'S G.3'W EAST RP " " #3 G2.9'S 43.5' "E" END G8.9'S Z'E "D" END 82'S 1.5'E "F" END 92.2'S Z'E	(E
"F" BEG 6.3' W EXET RP " " #3 62.9'S 43.5' "E" END 68.9'S 2'E "D" END 82'S 1.5'E "F" END 92.2'S 2'E	E
"E" END 68.9'5 2'E "D" END 82'5 1.5'E "F" END 92.2'5 2'E	
"D" END 82'S 1.5'E "F" END 92.2'S 2'E	<u> </u>
"F" END 92.215 21E	
"E" REG GURROLLING 9715	
"D" " 9715 4.2'E	•
EAST RP INTERCEPT P #4 99.1'S Ø	
WEST " " #4 99.1'S 20' N	
"A" LEAVES ROAD / BEG FURBOWING 10315	
"C" " " " 120'S	
B" " " " 125.71S Ø	
"A" END FURROWING 169.3'S 14.1'E	
"C" FUD 170.5'S 13.3'	<u> </u>
"D" END " 172.11S 15.71	E
"F" END " 172.1'5 15.7'	E
B" END " 174.4'S 10.1'	E
"B" ÉND " 174.4'S 10.1' OIL BLOOD SPIN BEG MIPPT. 177.5'S 15' "" " " BND " 181.1'S 15.5	E
"" " BUD " 181.115 15.5	E
	,

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration				OID OIL TIME OF	D , (1) (1) (1)
Primary Sampling Unit Number	43	S	PECIAL STUDIES	S - INDICATO	RS
2. Case Number - Stratum	109A	that ha	() each special sas been completed;studies and 0 for d.	code 1 for th	e checked
Number of General Vehicle Forms Submitted	02	6	SS12 Not Active		0
4. Date of Accident (Month,Day,Year)	9 2		SS13 Not Active SS14 Fatal AOPS		
5. Time of Accident Code reported military time o	2025 f accident.	,	SS15		
NOTE: Midnight = 2400 Unknown = 9999		10	SS16		
			NUMBER O	F EVENTS	
		1	nber of Recorded Eve his Accident		01
			e the number of evenis accident.	ents which occu	rred
	ACCIDEN	IT EVEN	TS		
For each event that occurred in the involved vehicle or object on the righ	accident, code the			left columns an	d the other
Accident Event Sequence Vehicle Number Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>0</u> <u>1</u> 13. <u>O</u> /	14: /3	15. <u> </u>	16. 02	17. <u>O</u> /	18
19. <u>0 2</u> 20	ASS CODING CHANGE 21t Review: 1E 2nd Review:	22	23	24	25
26. <u>0</u> <u>3</u> 27	28	29	30	31	32
33. <u>0 4</u> 34	35	36	37	38	39
40. <u>0</u> <u>5</u> 41	42	43	44	45	46

IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT

CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 100 inches)
- (02) Compact (wheelbase = 100 104 inches)
- (03) Intermediate (wheelbase = 105 109 inches)
- (04) Full size (wheelbase = 110 114 inches)
- (05) Largest (wheelbase ≥ 115 inches)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 10,000 lbs GVWR)
- (13) Passenger van (≤ 10,000 lbs GVWR)
- (14) Other van (≤ 10,000 lbs GVWR)
- (15) Pickup truck (≤ 10,000 lbs GVWR)
- (18) Other truck (≤ 10,000 lbs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 10,000 lbs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

CODES FOR GENERAL AREA OF DAMAGE (GAD)

CDS APPLICABLE AND OTHER VEHICLES

(0) Not a motor vehicle

- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

TDC APPLICABLE VEHICLES

- (0) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo area (rear of trailer or straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) - Vehicle Number

Noncollision

- (31) Overturn rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify):
- (35) Noncollision injury
- (38) Other noncollision (specify):
- (39) Noncollision details unknown

Collision With Fixed Object

- (41) Tree (≤ 4 inches in diameter)
- (42) Tree (> 4 inches in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
- (51) Pole or post (> 4 inches but ≤ 12 inches in diameter)
- (52) Pole or post (> 12 inches in diameter)
- (53) Pole or post (diameter unknown)
- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail) (specify):

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify):
- (69) Unknown fixed object

Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance
- (75) Vehicle occupant
- . (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (88) Other nonfixed object (specify):
- (89) Unknown nonfixed object
- (98) Other event (specify):
- (99) Unknown event or object

(6) Separated pole from base

(7) Pole replaced (8) Other (specify):

(9) Unknown

Cate- gory	Configur- ation	ACCIDENT TY	PES (Includes Intent)		
	A. Right Roadside	DRIVE OFF CONTROL	2 03 (T)	04 SPECIFICS	05 SPECIFICS
river	Departure B.	ROAD TRACTION LO		OTHER	UNKNOWN
1. Single Driver	Left Roadside Departure	DRIVE OFF CONTROL/ ROAD TRACTION LO	AVOID COLLISION SS WITH VEH. PED., ANIM.		
-	C. Forward	11 12	13 14 -	15	16
	Impact		DESTRIAN/ END IMAL DEPARTURE		SPECIFICS UNKNOWN 10 SPECIFICS UNKNOWN 16 SPECIFICS UNKNOWN (EACH • 33) SPECIFICS UNKNOWN 2) (EACH • 43) SPECIFICS UNKNOWN 32) (EACH • 63) SPECIFICS UNKNOWN 49) SUNKNOWN 10) (EACH • 75) SPECIFICS UNKNOWN 11) (EACH • 85) SPECIFICS UNKNOWN
	D Rear-End	20 21 24	26 28 30 + 25 - + 29 - 27 27 31	(EACH • 32)	(EACH • 33)
fficway		\$TOPPED \$LOWER 21, 22, 23 25, 26, 27	DECEL. 31 29, 30, 31		SPECIFICS JINKNOWN SPECIFICS JINKNOWN SPECIFICS JINKNOWN SPECIFICS JINKNOWN SPECIFICS UNKNOWN CHACH • 63) SPECIFICS UNKNOWN CHACH • 63) SPECIFICS UNKNOWN SPECIFICS UNKNOWN SPECIFICS UNKNOWN
Same Trafficway Same Direction	E Forward Impact		AVOID COLLISION AVOID COLLISION WITH VEH.		SPECIFICS
	F. Sideswipe Angle	46 45 45 47	(EACH • 48) SPECIFICS OTHER	(EACH SPECIFIC	
ay tion	G Head-On	50 51 (EACH • 52) SPECIFICS OTHER	(EACH • 53) SPECIFICS UNKNOW	/N	
Same Trafficway Opposite Direction	H Forward Impact	CONTROL/ TRACTION LOSS 56 CONTROL/ TRACTION LOSS CONTROL/ TRACTION LOSS	AVOID COLLISION WITH OBJECT	- 61 SION SPECIFICS	SPECIFICS
Ħ	I. Sideswipe/ Angle	65 (EACH • 66) SPECIFICS OTHER	(EACH • 67) SPECIFICS UNKNOW	/N	
Trafficway Turning	J. Turn Across	27 70	n	(EACH • 74	(EACH • 75)
Change Trafficw Vehicle Turning	Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS	DIRECTIONS	8PECIFICS OTHER	-
IV. Change Vehicle	K. Turn Into Path	78 /78	81 83 85 FURN INTO OPPOSITE DIRECTIONS	(EACH • 84 SPECIFICS OTHER	SPECIFICS
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	57 56 86	(EACH • 90)	(EACH • 91 SPECIFICS U)
VI. Miscel- laneous	M. Backing Etc.	92 93 OTHER VEH. OR OBJECT BACKING VEH.	96 Other Accide 99 Unknown Ac 00 No Impact		

Tradition / Total Company Cyclem Creaming Comments	
OTHER DATA	61. Rollover Initiation Object Contacted
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane (3) End plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander	(4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(8) Other (specify): (9) Unknown	(0) No rollover (1) Roll right - primarily about the longitudinal axis
58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police (6) Ambulance	 (2) Roll left - primarily about the longitudinal axis (5) End-over-end (i.e., primarily about the lateral axis) (9) Unknown roll direction
(7) Hearse	PRECRASH DATA
(8) Fire truck or car (9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9.	 (01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle
59. Rollover Initiation Type (0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over (7) Collision with another vehicle (8) Other rollover initiation type specify): (9) Unknown rollover initiation type	 (06) Disabled or parked in travel lane (07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes (15) Merging (16) Successful avoidance maneuver to a previous critical event
	(97) Other (specify): (98) No driver present
60. Location of Rollover Initiation (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown	(99) Unknown

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
(01-30) — Venicle Nambo	(59) Building
Nancellision	(60) Ditch or culvert
Noncollision	(61) Ground
(31) Turn-over — fall-over	(62) Fire hydrant
(33) Jackknife	
	(63) Curb
Collision With Fixed Object	(64) Bridge
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	
	(69) Unknown fixed object
(43) Shrubbery or bush	(00)
(44) Embankment	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Pole or post (≤ 4 inches in diameter)	(78) Trailer, disconnected in transport
(50) Pole of post (\$4 inches hit < 12 inches in	(88) Other nonfixed object (specify):
(51) Pole or post (> 4 inches but ≤ 12 inches in	(00) Other Homixee esteet (speen) /-
diameter)	(00) Helicours positived chiese
(52) Pole or post (> 12 inches in diameter)	(89) Unknown nonfixed object
(53) Pole or post (diameter unknown)	
	(98) Other event (specify):
(54) Concrete traffic barrier	
(55) Impact attenuator	(99) Unknown event or object
	•
(56) Other traffic barrier (includes guardrail)	
(specify):	

EXTERIOR VEHICLE FORM

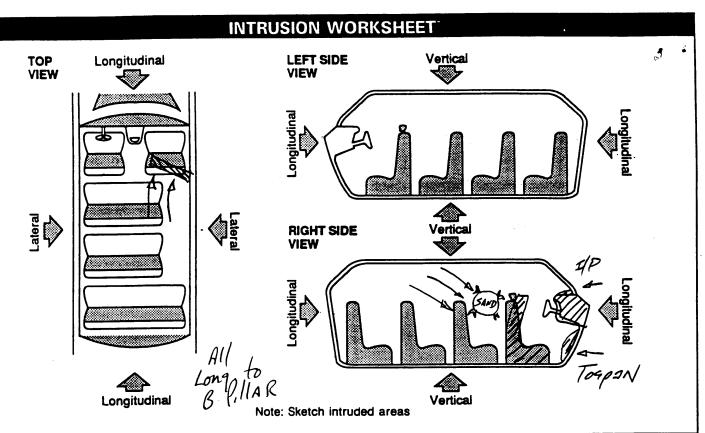
NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primar	y Sampling Unit Nu	ımber	43	_ 3.	Vehicle	Numbe	r				_
2. Case N	lumber - Stratum		<u>09 A</u>	-							
			VEHICLE II	DENTI	FICATI	ON				_	
VIN _2_	<u> </u>	23 T	66				A Print Company of the Company of th			'ear <u>8</u>	6
Vehicle Ma	ke (specify): $\underline{\mathcal{I}}$	PODGE	•	_	Vehicle	Model (s	pecify):	VAN	(BA	am Z	<u>250</u>
				CATO							
Locate the	end of the damage maged axle for sid	e with respe le impacts.	ct to the vehi	icle lon	gitudina	l center	line or t	oumper o	corner fo	or end in	npacts
	mpact No.		of Direct Da	mage				ocation (
	/ EXTEN	DS 62"	From RF	Buny	091		EN	TIRE	FRO	NT	
				(in	THEN						
			CDUC	U DD	SEU E			_			
NOTES: 1	dentify the plane a	t which the		H PRO		(e.g., at	bumpe	r, above	bumpe	r, at sill.	above
110120.	sill, etc.) and label	adjustments	(e.g., free sp	ace).			•		·		
ľ	Measure and docum	nent on the	vehicle diagra	am the	location	of max	imum c	rush.			
B	Measure C1 to C6	from driver 1	to passenger	side in	front or	rear imp	pacts a	nd rear t	o front	in side	
	mpacts.					••		!-!		-4	l.o
1 1	Free space value is the individual C loc	ations. This	may include	the fol	llowing:	bumper	lead, b	umper t	aper, si	ntour ta de protri	usion,
	side taper, etc. Re							crush.			
	Jse as many lines/		necessary to Damage	describ	e each	damage	profile.	1	I	1	[
Specific Impact Number	Plane of Impact C-Measurements	Width (CDC)	Max Crush	Field L	C,	C ₂	C ₃	C.	C ₆	C _e	±D
	Buyer LEVER	62"	11.25"BET. C3+C4	75"	10"	9.50"	//"	7.75	5"	9.75"	€7"
	1		C3+C4								
		 						 			
	Francisco				1"	Ø	Ø	Ø	Ø	1"	
	FICESPACE										
	RESULTANT		 		9"	9.5"	//"	7.75"	5"	8.75"	
	/	-									

43-109 A

	ccident compile			· ·			VI	
0/			CDC V	VORKSHE	ET			
		C	ODES FOR C	BJECT CON	TACTED			
(01-30)) — Vehicle Nu	mber) Fence) Wall			
Noncol) Building			
	Overturn - ro) Ditch or	culvert		
	Fire or explosi	ion) Ground			
	Jackknife	t damage (specif	5./\·		 Fire hydr Curb 	ant		
(34)	Other intraum	(damaye (specii	y 1.) Bridge			
(35)	Noncollision in	njury				ed object (s	specify):	
(38)	Other noncolli	ision (specify):		IEC	\ Ileksour	n fixed obje	~	
1301	Noncollision -	- details unknow	/D	(6:) Unknowi	I lixed onle	S L	
(33)	14011COMBION -	- details dilicitor		Collis	ion with No	nfixed Obje	ct	
Collisio	on With Fixed O	bject				hicle not in	-transport	
		hes in diameter)		•	2) Pedestria			
		hes in diameter)			3) Cyclist o		r conveyanc	· A
	Shrubbery or Embankment	busn		(/-	r, Other no		Conveyance	port veyance ansport ecify): 3.65" -7.3" -10.95" (6) pe of
		ole or post (any c	liameter)		(a) Vehicle (b) Animal	occupant		···
(43)	Dicakaway po	no or post (a.r.) c		(7:	7) Train			
Nonbre	akaway Pole o	r Post					in transpor	t
(50)	Pole or post (≤ 4 inches in dia > 4 inches but :	ameter)		3) Other no	intixea obje	ct (specify):	
(51)	diameter)	> 4 inches out :		(89) Unknow	n nonfixed o	object	
(52)		> 12 inches in c	liameter)	•	•		•	
(53)	Pole or post (diameter unknov	vn)	CDC: 191	3) Other ev	ent (specify	<i>'</i>):	
	Concrete traff			10 25" (9)	9) Unknow	n event or c	bject 365	······································
(55)	Impact attenu	iator parrier (includes :	nuardrail)	5 =	3.65"	9	365-7.3"	,
(90)	(specify):	James (miciodes)	guai ui aii,	_	•	(2)	73 1099	5 "
				_		9	1.5 - 10.11	ν <u>'</u>
		DEFORMA	TION CLASS	IFICATION E	Y EVENT N	UMBER 4	10.15	T. U
					(4)	(5)	(8)	
Acciden Event	nt	(1) (2) Direction	Incremental	(3)	Specific Longitudinal	Specific Vertical or	Type of	(7)
Sequenc	e Object	of Force	Value of	Deformation	or Lateral	Lateral	Damage	
Number	r Contacted	(degrees)	Shift	Location	Location	Location	Distribution	Extent
$\overline{\alpha}$	07	005	00	F	${\mathcal D}$	E	ω	04
								<u> </u>
				-				
								
								
								

ational/Highway Traffic Safety dministration	ITERIOR VE	HICLE FORM CRASHWORTHINESS DATA SYSTEM
	110	GLAZING
Primary Sampling Unit Number	43	Glazing Damage from Impact Forces
2. Case Number - Stratum	0 9 A	15. WS $\frac{2}{2}$ 16. LF $\frac{0}{2}$ 17. RF $\frac{0}{2}$ 18. LR $\frac{8}{2}$ 19. RR $\frac{0}{2}$
•	01	
3. Vehicle Number		20. BL <u>0</u> 21. Roof <u>8</u> 22. Other <u>0</u>
INTEGRITY		(0) No glazing damage from impact forces
4. Passenger Compartment Integrity	$\bigcirc\bigcirc$	(2) Glazing in place and cracked from impact forces (3) Glazing in place and holed from impact forces
(OO) No integrity loss		(4) Glazing out-of-place (cracked or not) and not holed from
Yes, Integrity Was Lost Through		impact forces (5) Glazing out-of-place and holed from impact forces
(01) Windshield		(6) Glazing disintegrated from impact forces (7) Glazing removed prior to accident
(O2) Door (side) (O3) Door/hetch (back door)		(8) No glazing
(04) Roof		(9) Unknown if damaged
(05) Roof gless (06) Side window		Clarica Damaga from Occupant Contact
(07) Rear window (backlight) (08) Roof and roof glass		Glazing Damage from Occupant Contact
(09) Windshield and door (side)		23. WS <u>7</u> 24. LF <u>0</u> 25. RF <u>0</u> 26. LR <u>0</u> 27. RR <u>0</u>
(10) Windshield and roof (11) Side and rear window (side window and	d backlight)	28. BL $\underline{\mathcal{O}}$ 29. Roof $\underline{\mathcal{O}}$ 30. Other $\underline{\mathcal{O}}$
(12) Windshield and side window	, , , , , , , , , , , , , , , , , , ,	(0) No occupant contact to glazing or no glazing
(13) Door and side window (98) Other combination of above (specify):		(1) Glazing contacted by occupant but no glazing damage
		(2) Glazing in place and cracked by occupant contact (3) Glazing in place and holed by occupant contact
(99) Unknown	•	(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact
		(5) Glazing out-of-place by occupant contact and holed by
Door, Tailgate or Hatch Opening		occupant contact (6) Glazing disintegrated by occupant contact
5. LF 6. RF 3 7. LR 0 8. RR 3	9 TG/H	(9) Unknown if contacted by occupant
5. LF 0. NF 7. LIL 0. 11112	<u></u>	If No Glazing Damage And No Occupant Contact or No
(0) No door/gate/hatch (1) Door/gate/hatch remained closed and op	perational	Glazing, Then Code IV31 Through IV46 As Ø
(2) Door/gate/hatch came open during collis	ion	
(3) Door/gate/hatch jammed shut (8) Other (specify):		Type of Window/Windshield Glazing
		31. WS / 32. LF <u>O</u> 33. RF <u>O</u> 34. LR <u>O</u> 35. RR <u>O</u>
(9) Unknown		36. BL <u>0</u> 37. Roof <u>0</u> 38. Other <u>0</u>
		(0) No glazing contact and no damage, or no glazing
Damage/Failure Associated with Door, Topening in Collision. If IV05-IV09 ≠ 2,	Then code Ø	(1) AS-1 — Laminated (2) AS-2 — Tempered
	_	(3) AS-3 — Tempered-tinted
10. LF <u></u> 11. RF <u></u> 12. LR <u></u> 13. RR	<u> </u>	(4) AS-14 — Glass/Plastic (8) Other (specify):
(O) No door/gate/hatch or door not opened		(9) Unknown
Door, Tailgate or Hatch Came Open During	Collision	
(1) Door operational (no damage)(2) Latch/striker failure due to damage		Window Precrash Glazing Status
(3) Hinge failure due to damage		39. WS / 40. LF / 41. RF / 42. LR / 43. RR
(4) Door structure failure due to damage(5) Door support (i.e., pillar, sill, roof side r	ail,	44. BL <u>0</u> 45. Roof <u>0</u> 46. Other <u>0</u>
etc.) failure due to damage (6) Latch/striker and hinge failure due to da	amage	
(8) Other failure (specify):		(0) No glazing contact and no damage, or no glazing (1) Fixed
(9) Unknown		(2) Closed (3) Partially opened
(9) Unknown		(4) Fully opened
		(9) Unknown



LOCATION OF INTRUSION	INTRUDED COMPONENT	COMPARISON VALUE –	INTRUDED VALUE	=	INTRUSION	DOMINANT CRUSH DIRECTION
///	IP	33.25" -	32.75"	=	.5"	Loug
1/2	TIP	33.25" - 33.25" -	31.5"	=	1.75"	"
1/3	TIP	33.25" -	32"	=	1.2511	11
	709P2N	5211 -	52"	=	ϕ	1)
1/3	Topon	52" -	47"	=	5"	//
1/1	G ASSU	18.75" -	18.5"	=	, 25"	11
	Floor Pare	18" -	18"	=	Ø	VERT
1/3	Floor Pan	18" -	16"	=	2"	11
1/3	SEAT BACK	(b) -	2.5"	=	2.511	Long
		-		=		J
		_		=		
		_		=		
		_		=		
		_		=		
		-		=		
i						

OCCUPANT AREA INTRUSION INTRUDING COMPONENT Note: If no intrusions, leave variables IV47-IV86 blank. **Dominant** Interior Components (01) Steering assembly Crush Intruding Magnitude Location of Direction (02) Instrument panel left of Intrusion Component Intrusion (03) Instrument panel center (04) Instrument panel right 1st 47. 13 48. 05 49. Z 50. Z (05) Toe pan (06) A-pillar (07) B-pillar 51. 13 52. 19 53. 1 54.Z (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame 59. <u>| 2 60. 03 61. | 62. 2</u> (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back 63. 13 64. 04 65. 1 66. 2 (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion (25) Back door/panel (e.g., tailgate) 6th 67.___ 68.__ 69.__ 70.__ (26) Other interior component (specify): (27) Side panel - forward of the A-pillar (28) Side panel - rear of the A-pillar 7th 71.___ 72.__ 73.__ 74.__ Exterior Components (30) Hood (31) Outside surface of this vehicle (specify): 8th 75.___ 76.___ 77.__ 78.__ (32) Other exterior object in the environment (specify): 9th 79.____ 80.___ 81.___ 82.___ (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): 10th 83.___ 84.__ 85.__ 86.__ (99) Unknown MAGNITUDE OF INTRUSION LOCATION OF INTRUSION $(1) \ge 1$ inch but < 3 inches Fourth Seat $(2) \ge 3$ inches but < 6 inches Front Seat (41) Left (3) \geq 6 inches but < 12 inches (11) Left (42) Middle (12) Middle $(4) \ge 12$ inches but < 18 inches (43) Right (13) Right $(5) \ge 18$ inches but < 24 inches $(6) \geq 24$ inches Second Seat (97) Catastrophic (7) Catastrophic (98) Other enclosed (21) Left (9) Unknown area (specify) (22) Middle (23) Right (99) Unknown DOMINANT CRUSH DIRECTION Third Seat (1) Vertical

(2) Longitudinal

(7) Catastrophic (9) Unknown

(3) Lateral

(31) Left

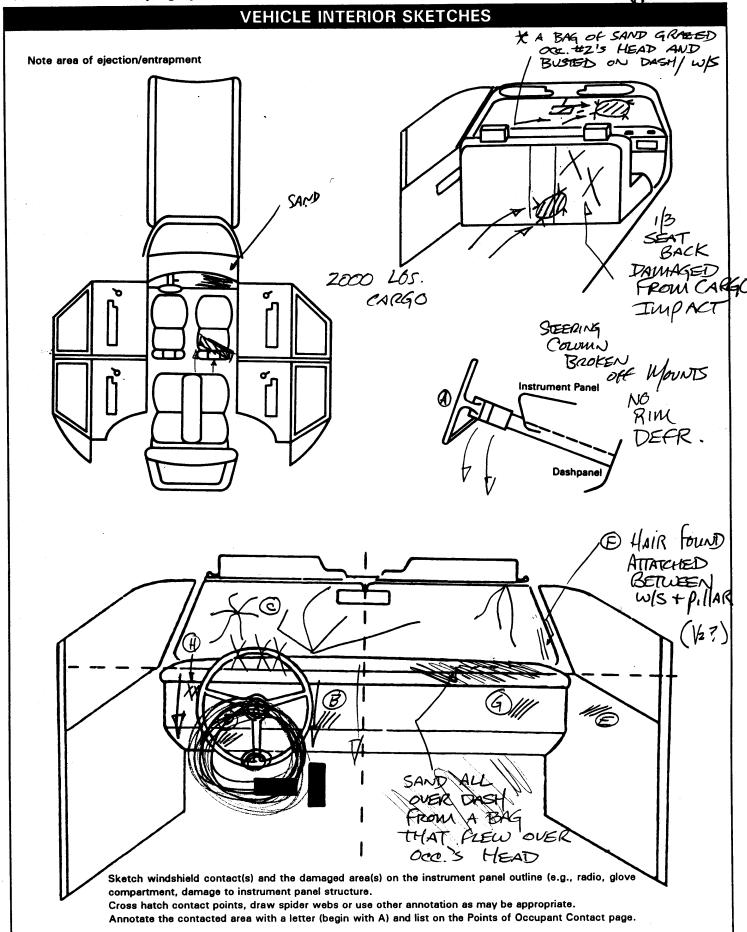
(32) Middle

(33) Right

COMPARISON VALUE	_	RIM/SPOKE DEFO	=	DEFORMATION	
	_		=		
	_		=		<u></u>
	_		=		
		1			
	e Notae	None			
		POLUMN BROKE OFF			
		COLUMIN			
		KANUG			
		DRUPIC			
		Off			
		OH MOUNTS			
·					

43-109A

	STEERING COLUMN		92. Steering Rim/Spoke Deformation
	Steering Column Type (1) Fixed column (2) Tilt column (3) Telescoping column (4) Tilt and telescoping column (8) Other column type (specify):	2	Code actual measured deformation to the nearest inch. (0) No steering rim deformation (1-5) Actual measured value (6) 6 inches or more (8) Observed deformation cannot be measured (9) Unknown
	(9) Unknown		93. Location of Steering Rim/Spoke Deformation (00) No steering rim deformation
88.	Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	C X	Ouarter Sections (01) Section A (02) Section B (03) Section C (04) Section D
89.	Blank X X (This variable is left blank	<u>C X</u>	Half Sections (05) Upper half of rim/spoke (06) Lower half of rim/spoke (07) Left half of rim/spoke (08) Right half of rim/spoke
	so that numbering consistency can be maintained with the 1988-91 CDS.		(09) Complete steering wheel collapse (10) Undetermined location (99) Unknown INSTRUMENT PANEL
00	Diam'r		94. Odometer Reading/
90.	Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.		zGG37 miles—Code mileage to the nearest 1,000 miles (000) No odometer (001) Less than 1,500 miles (300) 299,500 miles or more (999) Unknown
91.	Blank (This variable is left blank so that numbering consistency can be maintained with the 1988-91 CDS.	<u>(x</u>	Source: Add (00,000) In AGE + Coud + con 95. Instrument Panel Damage from Occupant Contact? (0) No (1) Yes (9) Unknown
			96. Knee Bolsters Deformed from Occupant Contact? (0) No (1) Yes (8) Not present (9) Unknown
			97. Did Glove Compartment Door Open During Collision(s)? (0) No (1) Yes (8) Not present (9) Unknown



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POINTS OF OCCUPANT CONTACT Confidence Body Level of Occupant Region Interior Contact Component No. If lf Point Supporting Physical Evidence Known Contact Contacted Known BROKEN Off MOUNTS 01 HANDS RIM Α angl Cracked В // C 4 D E 07 Toaso F w/S 11 HEAD HAIR - NO DAUMGE G H HOLITE SWITCH ı J Κ L M Ν CODES FOR INTERIOR COMPONENTS (48) Child safety seat (specify): (26) Left side window glass including **FRONT** (01) Windshield one or more of the following: (49) Other interior object (specify): frame, window sill, A pillar, (O2) Mirror (03) Sunvisor B pillar, or roof side rail. (27) Other left side object (specify): (04) Steering wheel rim ROOF (05) Steering wheel hub/spoke (50) Front header (06) Steering wheel (combination (28) Left side window sill (51) Rear header of codes 04 and 05) (52) Roof left side rail RIGHT SIDE (07) Steering column, transmission (30) Right side interior surface, (53) Roof right side rail selector lever, other attachment excluding hardware or armrests (54) Roof or convertible top (08) Add on equipment (e.g., CB, tape (31) Right side hardware or armrest deck, air conditioner) **FLOOR** (32) Right A piller (09) Left instrument panel and below (33) Right B pillar (56) Floor (including toe pan) (10) Center instrument panel and below (34) Other right pillar (specify): (57) Floor or console mounted (11) Right instrument panel and below transmission lever, including (12) Glove compartment door console (35) Right side window glass or frame (13) Knee bolster (58) Parking brake handle (36) Right side window glass including (14) Windshield including one or more (59) Foot controls including parking of the following: front header, Aone or more of the following: brake pillar, instrument panel, mirror, or frame, window sill, A pillar, steering assembly (driver side only) B pillar, or roof side rail. REAR (15) Windshield including one or more (37) Other right side object (specify): (60) Backlight (rear window) of the following: front header, A-(61) Backlight storage rack, door, etc. (38) Right side window sill pillar, instrument panel, or mirror (62) Other rear object (specify): (passenger side only) (16) Other front object (specify): INTERIOR (40) Seat, back support (41) Belt restraint webbing/buckle (42) Belt restraint B-pillar LEFT SIDE

attachment point

(46) Other occupants (specify):

(47) Interior loose objects

(45) Air bag

(43) Other restraint system component

(20) Left side interior surface,

(24) Other left pillar (specify):

(22) Left A pillar

(23) Left B piller

(21) Left side hardware or armrest

(25) Left side window glass or frame

excluding hardware or armrests

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

		AUTOMATIC RESTRAINTS			
NOTE	S: Encode the data for each apply below. Restraint systems shapped Assessment Form.	olicable front seat position. The attribution ould be assessed during the vehicle in AIR BAGS	ute for the variables may be found , spection then coded on the Occupant		
	T T	Left	Right		
F	Availability/Function	Loit			
R S	Deployment				
T	Failure				
(0) (1) <i>Non</i> - (2)	System Availability/Function Not equipped/not available Air bag -functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	O) Not equipped/not available (1) No (2) Yes (specify): (9) Vinknown		
		Left	Right		
	Availability/Function				
F	Use				
R R	Туре				
S T	Proper Use				
	Failure Modes				
Availal (0) (1) (2) (3) (4) (9) Autom (0) (1) (2) Autom (0) (1) (2) (3) (9)	atic (Passive) Belt System bility/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown affunctional Automatic belts destroyed or rendered inoperative Unknown actic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt in use Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown actic (Passive) Belt System Type Not equipped/not available Non-motorized system Motorized system Unknown	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify):	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify): (9) Unknown		

• 2

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

	page.	Left	Center	/Right
F	Availability	4	0	4
R	Use	00	06	00
S	Failure Modes	0	\mathcal{O}	
Ş	Availability			
SECOZO	Use			
Ň	Failure Modes			
Ţ	Availability			
H	Use			
R	Failure Modes			
Q	Availability			
ЬĤ	Use			
E R	Failure Modes			

Manual (Active)	Belt S	ystem 🗚	Availability
-----------------	--------	---------	---------------------

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

	CHILD SAFETY	Y SEAT FIEL	D ASSE	SSMENT_				
Wh	en a child safety seat is present enter the o	ccupant's numb	er in the fir	st row and co	mplete the col	umn below		
the	occupant's number using the codes listed	below. Comple	ete a colun	nn for each ch	nild safety sea	t present.		
		T						
Oc	cupant Number							
1.	Type of Child Safety Seat			•				
2	Child Safety Seat							
	Orientation							
3.	Child Safety Seat Harness Usage				/ 1			
4.	Child Safety Seat Shield Uasge							
5.	Child Safety Seat Tether Usage							
6.	Child Safety Seat Make/Model	Specify Be	low for E	ach Child Safe	ety Seat			
	Wake/Wodel							
1.	Type of Child Safety Seat	3.	Child Saf	ety Seat Harn	ess Usage			
	(0) No child safety seat	4. Child Safety Seat Shield Usage 5. Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-5. (00) No child safety seat						
	(1) Infant seat (2) Toddler seat							
	(3) Convertible seat							
	(4) Booster seat							
	(7) Other type child safety seat (specify)		(UU) NO	chiid safety se	Bat			
	(8) Unknown child safety seat type (9) Unknown if child safety seat used		(01) Aft		ness/Shield/To ness/shield/tet			
2.	Child Safety Seat Orientation	`			ness/shield/tet	her used		
	(00) No child safety seat	(03) Child safety seat used, but no after mark harness/shield/tether added (09) Unknown if harness/shield/tether						
	Designed for Rear Facing for							
	This Age/Weight			led or used	000,0111010,1011			
	(01) Rear facing				s/Shield/Tethe			
	(02) Forward facing (08) Other orientation (specify):		r					
	(00) Other orientation vapecity).		(12) Har	ness/shield/te	ther not used			
	(09) Unknown orientation		(19) Unknown if harness/shield/tether used					
	Designed for Forward Facing for This		Unknow	n If Designed	With Harness/	Shield/Tether		
	Age/Weight /				ther not used			
	(11) Rear facing (12) Forward facing			ness/shield/te	ether used ess/shield/teth	ver used		
	(18) Other orientation (specify):		(29) 011	KNOWN II Harri	ess/silledu/teti	iei useu		
			(99) Unl	known if child	safety seat u	sed		
	(19) Unknown orientation	6.	Child Sat	fety Seat Mak	xe/Model			
	Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight				and occupant	number)		
	(21) Rear facing							
	(22) Forward facing(28) Other orientation (specify):							
	(29) Unknown orientation							
	(99) Unknown if child safety seat used							

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	0	0	\bigcirc
i [Seat Type	10	00	10
R S	Seat Performance	/	0	8
T	Seat Orientation	/	0	
s	Head Restraint Type/Damage			
E	Seat Type			
O N	Seat Performance			
D	Seat Orientation			
Т	Head Restraint Type/Damage			
Ĥ	Seat Type			
R	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			<u> </u>
Ť	Seat Type			
E	Seat Performance			
R	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- No head restraints
- (1)
- Integral no damage Integral damaged during accident (2)
- (3)
- Adjustable no damage Adjustable damaged during accident
- (5)
- Add-on no damage Add-on damaged during accident (6)
- (8) Other Specify):
- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) **Bucket**
- Bucket with folding back (02)
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify):
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (O) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify:
- (4) Seat tracks/anchors failed
- Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):
- (7) Combination of above (specify):
- (8) Other (specify): LOSS
- (9) Unknown

Seat Orientation (this Occupant Position)

- (O) No seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT **CONTACT PATTERN)**

E	JECTION/EI	NTRAPM	ENT DAT	·A		V				
Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.										
	EJECTION No [Yes [] Describe indications of ejection and body parts involved in partial ejection(s):									

					I	1				
Occupant Number										
Ejection										
(Note on Vehicle Interior Sketch) Ejection Area										
Ejection Medium										
Medium Status										
Ejection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown	(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify): (9) Unknown Ejection Medium			(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prior to Impact)						
(1) Windshield (2) Left front	(1) Door/h			(1) Open (2) Closed						
(3) Right front (4) Left rear	(3) Fixed g			(3) Integral structure (9) Unknown						
(5) Right rear (6) Rear		ou glazing		(0, 0						
ENTRAPMENT No [Yes Describe entrapment mechanism:	s []									
Component(s):			·							
(Note in vehicle interior diagram)										

Page 3

26 6	Time (this Occupant Position)	30 Child	Safety Seat Orientation	CV
	Type (this Occupant Position)		No child safety seat	
	Occupant not seated or no seat Bucket	(00)	Jima Jaija Jaac	
	Bucket with folding back	Desid	ned for Rear Facing for This Age/V	Veight
	Bench		Rear facing	-
	Bench with separate back cushions		Forward facing	!
	Bench with folding back(s)		Other orientation (specify):	
	Split bench with separate back cushions	,,,,,		
	Split bench with folding back(s)	(09)	Unknown orientation	-
	Pedestal (i.e., column supported)	,50/		
	Other seat type (specify):	Desid	gned For Forward Facing for This A	ge/Weight
(60)	Calor aggr type (apochy).		Rear facing	- -
(10)	Box mounted seat (i.e., van type)		Forward facing	
	Unknown		Other orientation (specify):	
(55)	/	,		_
		(19)	Unknown orientation	_
27. Seat	t Performance (this Occupant Position)	,,		
	Occupant not seated or no seat	Unkr	nown Design or Orientation For This	\$
	No seat performance failure(s)	Aae	Weight, or Unknown Age/Weight	
	Seat adjusters failed		Rear facing	
	Seat back folding locks or "seat back" failed		Forward facing	
	Seat track/anchors failed		Other orientation (specify):	
	Deformed by impact of occupant	''		
	Deformed by passenger compartment intrusion	(29)	Unknown orientation	
	(specify):	''		
		(99)	Unknown if child safety seat used	
			•	٠,
(7)	Combination of above (specify):			3
1-1		31. Child	d Safety Seat Harness Usage	
(8)	Other (specify):		•	00
,-,	•=====================================	32. Child	d Safety Seat Shield Usage	\mathcal{U}
(9)	Unknown		-	(30)
•-•		33. Chile	d Safety Seat Tether Usage	$\bigcirc\bigcirc$
	•		e: Options below applicable to	
	OUILD CAFETY CEAT		ables OA31-OA33.	
	CHILD SAFETY SEAT	(00)	No child safety seat	
20 0: :				
	d Safety Seat Make/Model		Designed With Harness/Shield/Teth	
	0) No child safety seat	(01)	After market harness/shield/tethe	7
	plicable codes are found in your NASS CDS	1	added, not used	
	a Collection, Coding and Editing		After market harness/shield/tethe	
	O) Built-in child safety seat	(03)	Child safety seat used, but no aft	er market
(99	7) Other make/model (specify):		harness/shield/tether added	
100	O) Haliana and a feet to the	(09)	Unknown if harness/shield/tether	
	8) Unknown make/model		added or used	
(99	9) Unknown if child safety seat used			
	2		igned With Harness/Shield/Tether	
20 -			Harness/shield/tether not used	
	pe of Child Safety Seat		Harness/shield/tether used	
1	No child safety seat	(19)	Unknown if harness/shield/tether	used
	Infant seat			
	Toddler seat		nown If Designed With Harness/Sh	ield/Tether
	Convertible seat	(21)	Harness/shield/tether not used	
	Booster seat	(22)	Harness/shield/tether used	
(7)	Other type child safety seat (specify):	(29	Unknown if harness/shield/tether	used
	Unknown child safety seat type	(99	Unknown if child safety seat used	d
(9)	Unknown if child safety seat used		·	

Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

43

3. Vehicle Number

01

2. Case Number - Stratum

4. Occupant Number

INJURY DATA.

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

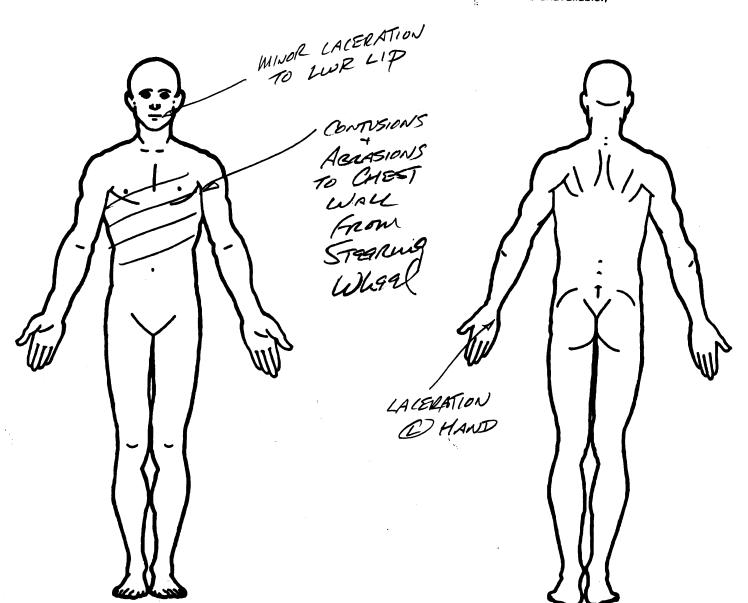
				0.1.CA.				The state of the s			
	Source of Injury Data		Aspect		Syster		,,	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
1st	5.3	6.	. 7. <u>W</u>	8	. <u>. I</u>	10.	11. 06	12	13	14.	
2nd	3 X	16.	17. <u>W</u>	18.	19. <u> </u>	20.	21.0/	22. /	23. 🖊	24.	
3rd			_				31. <u>06</u>				
4th	35.	36. <u>W</u>	37.	38.	39. —	40.	41. 09	42	43	44.00	
5th	45	46	47	48	49	50	51	52	53	54	
6th	55	56	57	58	59	60	61	62	63	64	
7th	65	66	67	68	69	70	71	72	73	74	
8th	75	76	77	78	79	80	81	82	83	84	
9th	85	86	87	88	89	90	91	92	93	94	
10th	95	96	97	98	99	100	101	102 10	03	104,	

2nd Review: 1E

OCCUPANT INJURY DATA										
	S			0.I.CA.I.S				Injury		
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th		_		_	_		<u> </u>			
12th	_		******						_	· ·
13th	_									·
14th			-					_		
15th	· .					_				
16th								. —	-	
17th			_			_			_	
18th		_	_	_		_		_		
19th		 -			_					
20th									_	
21st			***************************************							
22nd				_				_	_	
23rd			_					_	_	
24th										
25th			<u></u>		•					

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill. A-nillar nedical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67) Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors FRONT (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR Undercarriage (80) (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46)Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) **ROOF** (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR LEFT SIDE** (1) Certain (56) Floor (including toe pan) (20) Left side interior surface, **Probable** (2) (57) Floor or console mounted excluding hardware or armrests (3) Possible transmission lever, including (21) Left side hardware or armrest Unknown console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking DIRECT/INDIRECT INJURY (24) Other left pillar (specify): brake Direct contact injury (25) Left side window glass or frame Indirect contact injury REAR (3) Noncontact injury (60) Backlight (rear window) Injured, unknown source OCCUPANT INJURY CLASSIFICATION

0.1.	C. Body Region	Asp	ect of injury	(F)	Fracture	(L)	Liver
(M)	Abdomen			(Z)	Fracture and dislocation	(M)	Muscles
(0)	Ankle — foot	(A)	Anterior - front	(U)	injured, unknown lesion	(N)	Nervous system
(A)		(B)	Bilateral (rib fracture only)	(L)	Laceration	(P)	Pulmonary—jungs
	Arm (upper)	(C)	Central	(0)	Other	(R)	Respiratory
(B)	Back-thoracolumbar spine	(1)	Inferior—lower	(P)	Perforation, puncture	(S)	Skeletal
(C)	Chest	(U)	Injured, unknown aspect	(R)	Rupture	(C)	Spinal cord
(E)	Elbow	(L)	Left	(S)	Sprain	(Q)	Spieen
(F)	Face	(P)	Posterior-back	m	Strain		•
(R)	Forearm	(R)	Right	(E)	Total severance, transection	m	Thyroid, other endocrine
(H)	Head — skuli	(S)	Superior-upper	127	TOTAL SEVERAINCE, LIBITECTION		gland
(U)	injured, unknown region	(W)	Whole region	C	· · · · · · · · · · · · · · · · · · ·	(V)	Vertebrae
(K)	Knee	****	***************************************	Oys:	em/Organ		
(L)	Leg (lower)	Lesi	· ·			Abb	reviated Injury Scale
(Y)	Lower limbs(s) (whole or		511	(W)	All systems in region		
***	unknown part)		A b t	(A)	Arteries — veins	(1)	Minor injury
(N)	Neck-cervical spine	(A)	Abrasion	(B)	Brain	(2)	Moderate injury
(P)	Pelvic — hip	(M)	Amputation	(D)	Digestive	(3)	Seriour injury
	•	(V)	Avulsion	(E)	Ears	(4)	Severe injury
(S)	Shoulder	(B)	Burn	(O)	Eye	(5)	Critical injury
m	Thigh	(K)	Concussion	(H)	Heart	(6)	
(X)	Upper limb(s) (whole or	(C)	Contusion	(U)	Injured, unknown system		Maximum (untreatable)
	unknown part)	(N)	Crush	(0)	Integumentary	(7)	Injured, unknown severity
(O)	Whole body	(G)	Detachment, separation	(J)	Joints		
(W)	Wrist-hand	(D)	Dislocation	(K)	Kidnevs		

OFFICIAL INJURY DATA - SKELETAL INJURIES

Restraiged? _√ No

__ Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

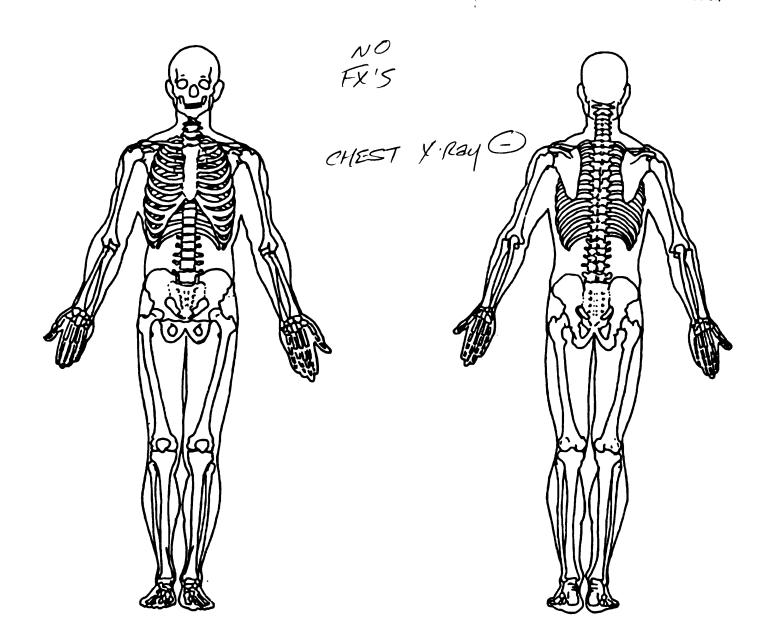
gcss = 5

Units of Blood Given

Aterial Blood Gases

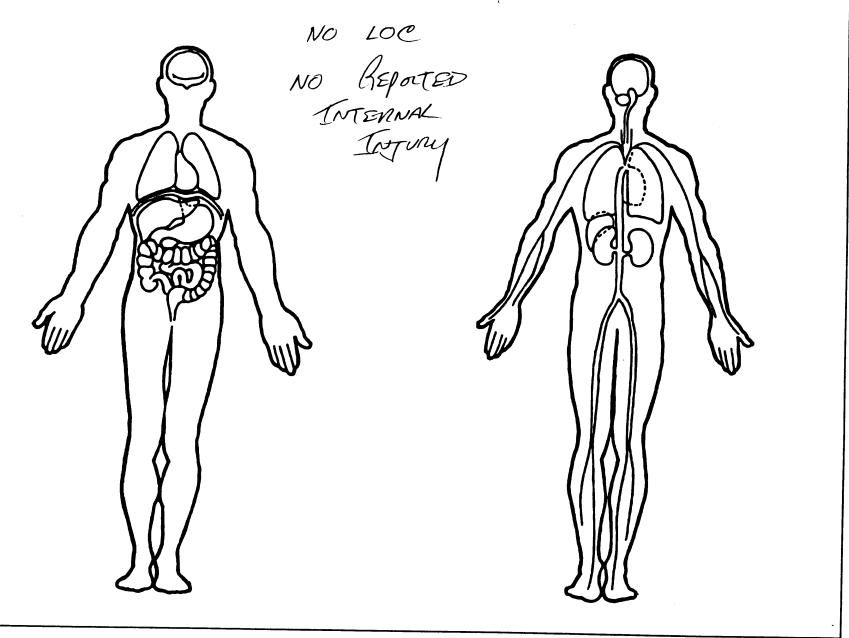
PO₂ = PCO,

HCØ3



OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

		10			00
26. Seat Type (thi	is Occupant Position)	<u>/ U 30</u>	. Child	Safety Seat Orientation	<u> </u>
(00) Occupar	nt not seated or no seat		(00)	No child safety seat	
(01) Bucket					
(02) Bucket v	with folding back		-	ned for Rear Facing for This Age/W	leight
(03) Bench				Rear facing	
(04) Bench w	vith separate back cushions			Forward facing	•
	vith folding back(s)		(80)	Other orientation (specify):	
	nch with separate back cushid	ons			
(07) Split ber	nch with folding back(s)		(09)	Unknown orientation	
(08) Pedestal	l (i.e., column supported)				
(09) Other se	eat type (specify):		Desig	gned For Forward Facing for This Ag	re/Weight
			(11)	Rear facing	
(10) Box mou	unted seat (i.e., van type)		(12)	Forward facing	
(99) Unknow	'n		(18)	Other orientation (specify):	
	•	0	(19)	Unknown orientation	
27. Seat Performa	ance (this Occupant Position)	\bigcirc			
	not seated or no seat		Unkr	nown Design or Orientation For This	
	erformance failure(s)			Weight, or Unknown Age/Weight	
(2) Seat adjus				Rear facing	,
	folding locks or "seat back"	failed		Forward facing	
	c/anchors failed			Other orientation (specify):	
(5) Deformed	by impact of occupant				
	by passenger compartment i	ntrusion	(29)	Unknown orientation	
(specify):		1			
• • • • •			(99)	Unknown if child safety seat used	
				·	
(7) Combinati	ion of above (specify):				00
	• • •	31	. Child	Safety Seat Harness Usage	
(8) Other (spe	ecify):			•	
CARGO		BACK 32	. Child	Safety Seat Shield Usage	00
(9) Unknown				•	0/
	·	33	. Child	Safety Seat Tether Usage	
			Note	: Options below applicable to	-
	ULD CAFETY OF AT		Varia	ables OA31-OA33.	
CF	HILD SAFETY SEAT		(00)	No child safety seat	
	· · · · · · · · · · · · · · · · · · ·	\bigcirc			
28. Child Safety S		<u> </u>	Not I	Designed With Harness/Shield/Tethe	er e
(000) No chile			(01)	After market harness/shield/tether	
	des are found in your NASS (CDS		added, not used	
	on, Coding and Editing	į.	(02)	After market harness/shield/tether	used
	child safety seat		(03)	Child safety seat used, but no afte	r market
(997) Other n	nake/model (specify):		••	harness/shield/tether added	
			(09)	Unknown if harness/shield/tether	
	vn make/model		,	added or used	
(999) Unknov	wn if child safety seat used				
		\sim	Desi	gned With Harness/Shield/Tether	
				Harness/shield/tether not used	
29. Type of Child			(12)	Harness/shield/tether used	
(0) No child s	•		(19)	Unknown if harness/shield/tether u	séd
(1) Infant sea					
(2) Toddler se		1	Unkr	nown If Designed With Harness/Shie	ld/Tether
(3) Convertible	le seat			Harness/shield/tether not used	
(4) Booster se	eat			Harness/shield/tether used	
(7) Other type	e child safety seat (specify):			Unknown if harness/shield/tether u	sed
			,_0/		
(8) Unknown	child safety seat type	1	(99)	Unknown if child safety seat used	
(9) Unknown	if child safety seat used		,50/	The state of the s	

Administration

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

2. Case Number - Stratum

<u>43</u> 109 A

3. Vehicle Number

4. Occupant Number

<u>01</u> 0<u>Z</u>

INJURY DATA.

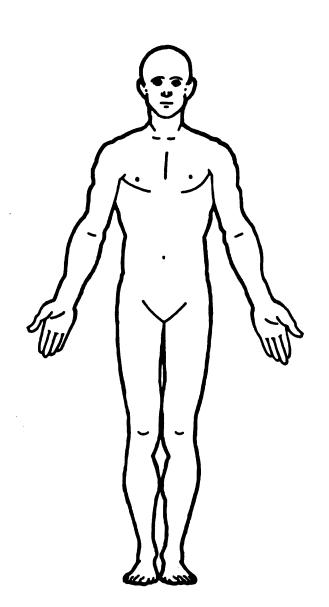
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

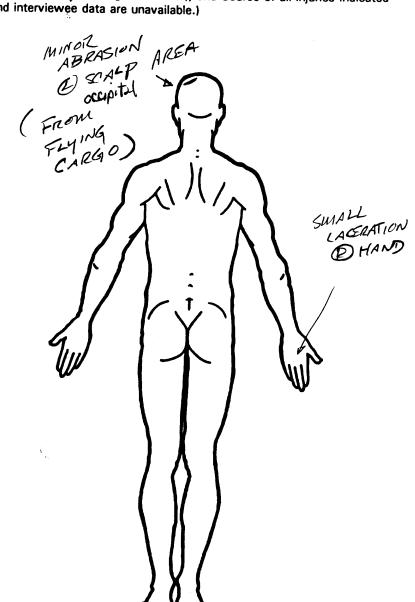
				0.I.CA.I	.s			Injury		
	Source of Injury Data	Body Region	Aspect	Lesion	System Organ			Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
- 1st	Б. <u>З</u>	6. <u>H</u>	ρ ,. <u>X</u>	s. <u>A</u>	9. <u>1</u>	10.	11.85	12. /	13	14. <u>00</u>
- 2nd	15.3	16. <u> </u>	17. <u></u>	18	19.	1	21. 1	22. 7	23. 2	24. 05
- 3rd	25.3	26. <u>W</u>	27. <u>R</u>	28	29. <u> </u>	30.	31. 1	32. <u>Z</u>	33	34. 05
<u>4</u> th	35. 1	¥ 36. <u>×</u>	37	38. <u>A</u>	38. <u> </u>	40	41. 1	42. 7	43	4.05
5th	45. 1	46.	47. <u>B</u>	48. <u>A</u>	49.1	50.	51. <u>/ /</u>	52. <u>2</u>	53. 👤	64. OS
6th										64. 05
7th	65	66. <u>W</u>	67	68. <u>A</u>	69.	70.	71	72. <u>3</u>	73	74. <u>05</u>
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	8 8	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102 10	03	104

	OCCUPANT INJURY DATA											
	Source	O.I.CA.I.S						Injury				
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.		
11th	_	_					<u> </u>	· <u>—</u>	_			
12th							<u> </u>			<u> </u>		
13th				-		_				<u> </u>		
14th			_									
15th	e pe rso				_			<u> </u>				
16th				-		_		_	_			
17th					******			_				
18th		_										
19th	-	_				_			_			
20th				_		_		_				
21st									-			
22nd												
23rd		_	_									
24th												
25th												

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. **OFFICIAL** (62) Other rear object (specify): one or more of the following: Cargo - (sendbag - 100lb (1) Autopsy records with or without hospital frame, window sill. A-pillar medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67) Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects (31) Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface INJURY SOURCE (37) Other right side object (specify): (77) Side mirrors FRONT (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, sir conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46)Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) CARGO (SANDBAG) Unknown vehicle or object (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (13) Knee boister (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top **INJURY SOURCE CONFIDENCE** LEVEL FLOOR LEFT SIDE (1) Certain (56) Floor (including toe pan) (20) Left side interior surface, (2) Probable (57) Floor or console mounted excluding hardware or armrests (3) Possible transmission lever, including (21) Left side hardware or armrest Unknown console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking **DIRECT/INDIRECT INJURY** (24) Other left pillar (specify): brake Direct contact injury (25) Left side window glass or frame Indirect contact injury REAR (3) Noncontact injury (60) Backlight (rear window) (7)Injured, unknown source OCCUPANT INJURY CLASSIFICATION O.I.C. Body Region Aspest of Inkone

O.II.	c. Body Negion	Asp	ect of injury	(F)	Fracture	(L)	Liver
(M)	Abdomen	(4)	A-A	(Z)	Fracture and dislocation	(M)	Muscles
(Q)	Ankle — foot	(A)	Anterior—front	(U)	injured, unknown lesion	(N)	Nervous system
(A)		(B)	Bilateral (rib fracture only)	(L)	Laceration	(P)	Pulmonary—lungs
	Arm (upper)	(C)	Central	(O)	Other	(R)	Respiratory
(B)	Back-thoracolumbar spine	(1)	Inferior—lower	(P)	Perforation, puncture	(S)	Skeletal
(C)	Chest	(U)	Injured, unknown aspect	(R)	Rupture	(C)	Spinal cord
(E)	Elbow	(L)	Left	(S)	Sprain	(0)	Spieen
(F)	Face	(P)	Posterior—back	(T)	Strain	(D)	•
(R)	Forearm	(R)	Right	(E)	Total severance, transection	111	Thyroid, other endocrine
(H)	Head — skull	(S)	Superior—upper	1,	Total severance, transaction		gland
(U)	Injured, unknown region	(W)	Whole region	Svet	tem/Organ	(V)	Vertebrae
(K)	Knee	• • • •		0,00	rem/Organ		
(L)	Leg (lower)	Lesk	on .	//4//	All managements and to	Abb	reviated Injury Scale
(Y)	Lower limbs(s) (whole or			(W)	All systems in region		
•	unknown part)			(A)	Arteries — veins	(1)	Minor injury
		//\	Abrasian	450			
(N)	•	(A)	Abrasion	(B)	Brain	(2)	Moderate injury
(N) (P)	Neck-cervical spine	(M)	Amputation	(D)	Digestive		
(P)	Neck—cervical spine Pelvic—hip	(M) (V)	Amputation Avulsion	•		(2)	Moderate injury Seriour injury
(P) (S)	Neck — cervical spine Pelvic — hip Shoulder	(M) (V) (B)	Amputation Avulsion Burn	(D) (E) (O)	Digestive	(2) (3)	Moderate injury Seriour injury Severe injury
(P) (S) (T)	Neck—cervical spine Pelvic—hip Shoulder Thigh	(M) (V) (B) (K)	Amputation Avulsion Burn Concussion	(D) (E)	Digestive Ears	(2) (3) (4) (5)	Moderate injury Seriour injury Severe injury Critical injury
(P) (S)	Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or	(M) (V) (B) (K) (C)	Amputation Avulsion Burn Concussion Contusion	(D) (E) (O)	Digestive Ears Eye	(2) (3) (4) (5) (6)	Moderate injury Seriour injury Severe injury Critical injury Maximum (untrestable)
(P) (S) (T) (X)	Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or unknown part)	(M) (V) (B) (K) (C) (N)	Amputation Avulsion Burn Concussion	(D) (E) (O) (H)	Digestive Ears Eye Heart Injured, unknown system	(2) (3) (4) (5)	Moderate injury Seriour injury Severe injury Critical injury
(P) (S) (T) (X)	Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or unknown part) Whole body	(M) (V) (B) (K) (C)	Amputation Avulsion Burn Concussion Contusion	(D) (E) (O) (H) (U)	Digestive Ears Eye Heart Injured, unknown system Integumentary	(2) (3) (4) (5) (6)	Moderate injury Seriour injury Severe injury Critical injury Maximum (untrestable)
(P) (S) (T) (X)	Neck—cervical spine Pelvic—hip Shoulder Thigh Upper limb(s) (whole or unknown part)	(M) (V) (B) (K) (C) (N)	Amputation Avulsion Burn Concussion Contusion Crush	(D) (E) (O) (H) (U)	Digestive Ears Eye Heart Injured, unknown system	(2) (3) (4) (5) (6)	Moderate injury Seriour injury Severe injury Critical injury Maximum (untrestable)

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL -

Glasgow Coma Scale Score

 $GCSS = \sqrt{2}$

Units of Blood Given

Units = C

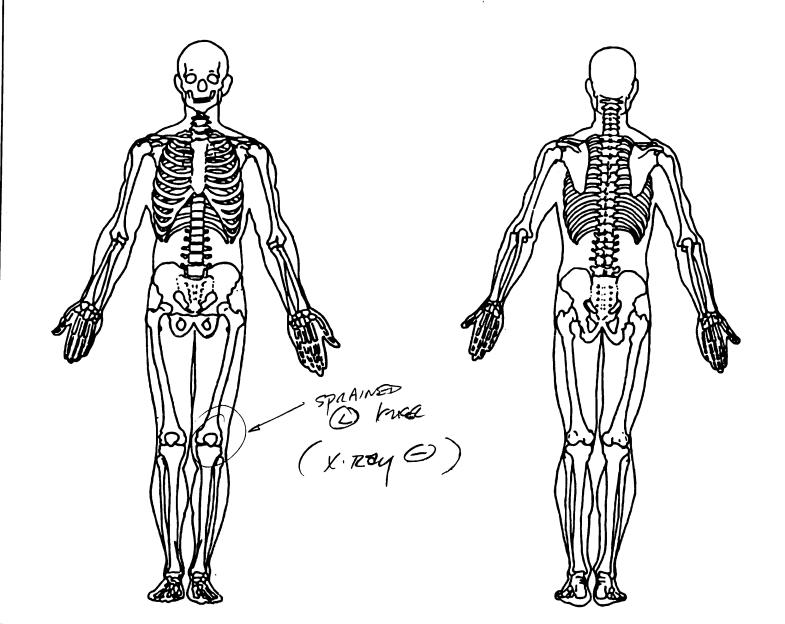
Aterial Blood Gases

pH = _.-/

PCO₂

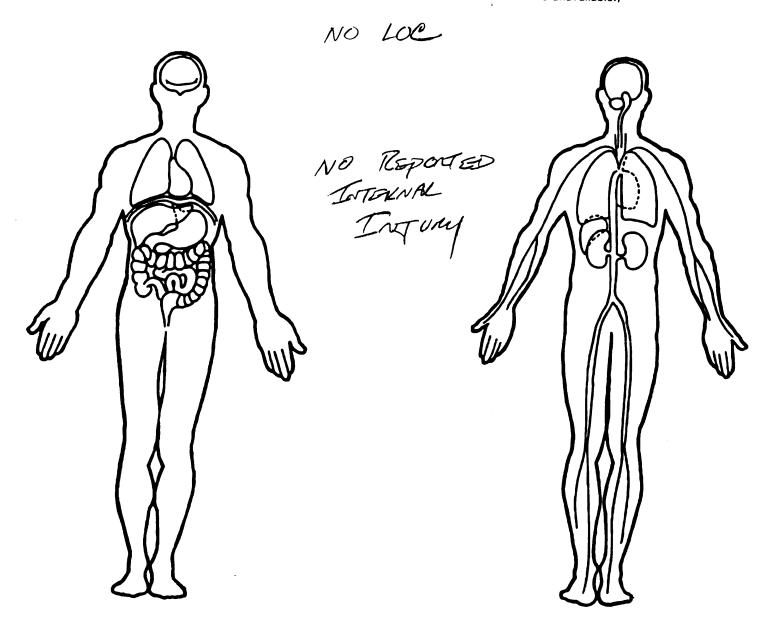
PO₂ =

нсо∮ ____



OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



National Accident Sampling System-Crashworthiness Data System: General Vehicle Form

OCCUPANT RELATED	24. Rollover
16. Driver Presence in Vehicle	(0) No rollover (no overturning)
(0) Driver not present	Rollover (primarily about the longitudinal axis)
(1) Driver present (9) Unknown	(1) Rollover, 1 quarter turn only
	(2) Rollover, 2 quarter turns (3) Rollover, 3 quarter turns
17. Number of Occupants This Vehicle	(4) Rollover, 4 or more quarter turns (specify):
(00-96) Code actual number of occupants for this vehicle	
(97) 97 or more	(5) Rolloverend-over-end (i.e., primarily
(99) Unknown	about the lateral axis) (9) Rollover (overturn), details unknown
O	(5) Hollover (overturn), details unknown
18. Number of Occupant Forms Submitted	OVERRIDE/UNDERRIDE (THIS VEHICLE)
VEHICLE WEIGHT ITEMS	25 Frank Overside (Hardesside (Ahie Mahiela)
19. Vehicle Curb Weight $0.2,5.00$	25. Front Override/Underride (this Vehicle)
2500 Code weight to nearest	26. Rear Override/Underride (this Vehicle)
100 pounds. (010) Less than 1050 pounds	(0) No override/underride, or
(135) 13,500 pounds or more (999) Unknown	not an end-to-end impact
	Override (see specific CDC)
Source:	(1) 1st CDC
20. Vehicle Cargo Weight	(2) 2nd CDC (3) Other not automated CDC (specify):
Code weight to nearest	
100 pounds. (00) Less than 50 pounds	Underride (see specific CDC)
(97) 9,650 pounds or more	(4) 1st CDC
(99) Unknown	(5) 2nd CDC (6) Other not automated CDC (specify):
RECONSTRUCTION DATA	
21. Towed Trailing Unit	(7) Medium/heavy truck or bus override
(0) No towed unit	(9) Unknown
(1) Yes—towed trailing unit (9) Unknown	
	HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V
22. Documentation of Trajectory Data	Midilest Beera V
for This Vehicle (0) No	Values: (000)-(359) Code actual value
(1) Yes	(997) Noncollision (998) Impact with object
•	(999) Unknown
23. Post Collision Condition of Tree or Pole (For Highest Delta V)	27. Heading Angle For This Vehicle
(0) Not collision (for highest delta V) with	150
tree or pole (1) Not damaged	28. Heading Angle For Other Vehicle
(2) Cracked/sheared	
(3) Tilted <45 degrees (4) Tilted ≥45 degrees	
(5) Uprooted tree	
(6) Separated pole from base (7) Pole replaced	
(8) Other (specify):	
(9) Unknown	

Cate-	Configur-		
gory	ation	ACCIDENT TYPES (Includes Intent)	
	A. Right Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLISION SPE	Q5 CIFICS SPECIFICS IER UNKNOWN
Single Driver	B. Left Roadside Departure	DRIVE OFF CONTROL/ AVOID COLLISION SPE	CIFICS SPECIFICS
l.	C. Forward Impact	PARKED VEH. STA. OBJECT PEDESTRIAN/ END SPE ANIMAL DEPARTURE OTH	16 CIFICS SPECIFICS HER UNKNOWN
Trafficway Direction	D Rear-End	27 74 31	CIFICS SPECIFICS ER UNKNOWN
II. Same Trafficwa Same Direction	E Forward Impact	CONTROL/ CONTROL/ AVOID COLLISION AVOID COLLISION WITH OBJECT	P (EACH • 42) (EACH • 43) SPECIFICS SPECIFICS OTHER UNKNOWN
	F. Sideswipe Angle	46 (EACH · 48) SPECIFICS OTHER	(EACH • 49) SPECIFICS UNKNOWN
ay tion	G Head-On	50 51 (EACH • 52) (EACH • 53) SPECIFICS SPECIFICS UNKNOWN	
Saine Trafficway Opposite Direction	H Forward Impact	54 55 56 57 58 59 60 61 CONTROL/ TRACTION LOSS TRACTION LOSS WITH VEH. WITH OBJECT	(EACH • 62)(EACH • 63) SPECIFICS SPECIFICS OTHER UNKNOWN
H	I. Sideswipe/ Angle	65 (EACH • 66) (EACH • 67) SPECIFICS SPECIFICS UNKNOWN LATERAL MOVE OTHER	
Trafficway Turning	J. Turn Across Path	INITIAL OPPOSITE INITIAL SAME DIRECTIONS DIRECTIONS	(EACH • 74) (EACH • 75) SPECIFICS SPECIFICS UNKNOWN
IV. Change Vehicle	K. Turn Into Path	TURN INTO SAME DIRECTION TURN INTO OPPOSITE DIRECTIONS	(EACH • 84) (EACH • 85) SPECIFICS SPECIFICS UNKNOWN
V. Intersecting Paths (Vehicle Damage)	L. Straight Paths	SE SE SE SPECIFICS OTHER	(EACH • 91) SPECIFICS UNKNOWN
VI. Miscel- laneous	M. Backing Etc.	S2 93 OTHER VEH. 96 Other Accident T SACKING VEH. 90 No impact	

Mational Accident Sampling System Stantworthiness Date	Oyatem. General Venicle Fermi
OTHER DATA	61. Rollover Initiation Object Contacted
56. Driver's Zip Code	
(00000) Driver not present (00001) Driver not a resident of U.S. or territories Code actual 5-digit zip code (99999) Unknown	62. Location on Vehicle Where Initial Principal Tripping Force Is Applied (0) No rollover (1) Wheels/tires (2) Side plane
57. Driver's Race/Ethnic Origin (0) Driver not present (1) White (non-Hispanic) (2) Black (non-Hispanic) (3) White (Hispanic) (4) Black (Hispanic) (5) American Indian, Eskimo or Aleut (6) Asian or Pacific Islander (8) Other (specify):	(3) End plane (4) Undercarriage (5) Other location on vehicle (specify): (8) Non-contact rollover forces (specify): (9) Unknown
(9) Unknown	(0) No rollover (1) Roll right - primarily about the longitudinal axis (2) Roll left - primarily about the longitudinal axis
58. Vehicle Special Use (This Trip) (0) No special use (1) Taxi (2) Vehicle used as school bus (3) Vehicle used as other bus (4) Military (5) Police	(5) End-over-end (i.e., primarily about the lateral axis)(9) Unknown roll direction
(6) Ambulance (7) Hearse	PRECRASH DATA
(8) Fire truck or car (9) Unknown	64. Pre-Event Movement (Prior to Recognition of Critical Event)
ROLLOVER DATA If GV07 (Body Type) ≠ 1-49, leave GV59-GV63 blank. If GV24 (Rollover) = 0, then GV59-GV63 must equal 0. If GV24 = 9, then GV59-GV63 must equal 9. 59. Rollover Initiation Type	(01) Going straight (02) Slowing or stopping in traffic lane (03) Starting in traffic lane (04) Stopped in traffic lane (05) Passing or overtaking another vehicle (06) Disabled or parked in travel lane
(0) No rollover (1) Trip-over (2) Flip-over (3) Turn-over (4) Climb-over (5) Fall-over (6) Bounce-over	(07) Leaving a parking position (08) Entering a parking position (09) Turning right (10) Turning left (11) Making a U-turn (12) Backing up (other than for parking position) (13) Negotiating a curve (14) Changing lanes
(7) Collision with another vehicle(8) Other rollover initiation type specify):(9) Unknown rollover initiation type	(15) Merging (16) Successful avoidance maneuver to a previous critical event (97) Other (specify):
60. Location of Rollover Initiation	(98) No driver present (99) Unknown
 (0) No rollover (1) On roadway (2) On shoulder—paved (3) On shoulder—unpaved (4) On roadside or divided trafficway median (9) Unknown 	

CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

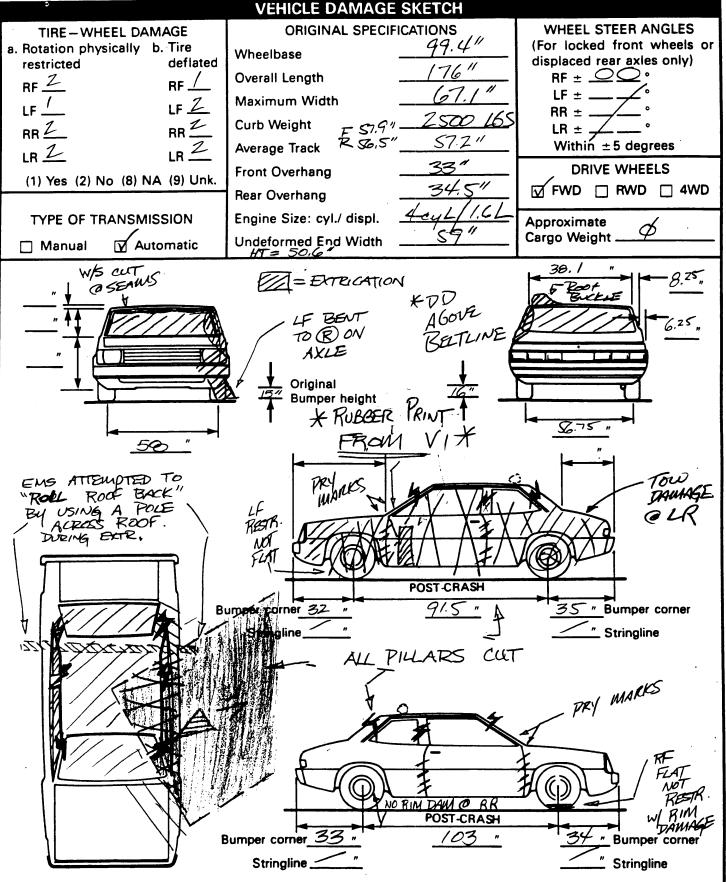
(00) No rollover	(57) Fence
(01-30) — Vehicle Number	(58) Wall
(01-30) — Aquicia Mullipai	(59) Building
	· · · · · · · · · · · · · · · · · · ·
Noncollision	(60) Ditch or culvert
(31) Turn-over — fali-over	(61) Ground
(33) Jackknife	(62) Fire hydrant
(33) Jacksine	(63) Curb
	(64) Bridge
Collision With Fixed Object	
(41) Tree (≤ 4 inches in diameter)	(68) Other fixed object (specify):
(42) Tree (> 4 inches in diameter)	
(43) Shrubbery or bush	(69) Unknown fixed object
	•
(44) Embankment	Collision with Nonfixed Object
(45) Breakaway pole or post (any diameter)	(71) Motor vehicle not in-transport
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(76) Animal
Nonbreakaway Pole or Post	(77) Train
(50) Deleganded A inches in dismoster)	(78) Trailer, disconnected in transport
(50) Pole or post (≤ 4 inches in diameter)	(88) Other nonfixed object (specify):
(51) Pole or post (> 4 inches but ≤ 12 inches in diameter)	
(52) Pole or post (> 12 inches in diameter)	(89) Unknown nonfixed object
(53) Pole or post (diameter unknown)	(98) Other event (specify):
(54) Concrete traffic barrier	
(55) Impact attenuator	(99) Unknown event or object
	100, 0,
(56) Other traffic barrier (includes guardrail)	
(specify):	

EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

Administration									SAMORE	VONTIBAL	AA DUIU	/
1	Sampling		nber	43 9 A	3.	Vehicle	Numbe	r			0	<u>L</u>
2. Case N	umber - Su	atum			-							
			V	EHICLE II	DENTIF	ICATI	ON					
I			36F	X						Model Y	9 <u>9</u>	0
Vehicle Mal	ke (specify):	<u> 70</u>	04014		_ `	/ehicle l	Model (s	pecify):	ELI	ICA	<u> </u>	<u>X</u>
					CATO							
Locate the	end of the maged axle	damage for side	with respectimpacts.	t to the vehi	icle long	itudinal	center	line or b	umper d	corner fo	or end in	npacts
	npact No.			of Direct Da	mage					of Field		
/		BEGINS	5 13.5"	FORWAR	D O	C	BEG	INS 2	2"5	WD O	c LR	AXU
			L	RAX								
				CRUS	H PRO	FILE						
Specific	ill, etc.) and Measure and Measure C1 mpacts. Free space v he individuation	d label add documento C6 from to C6 from the label of the	which the Clijustments (ent on the vom driver to defined as the tions. This ord the valuations as no defined to the valuations as no defined to the valuations.	e.g., free spending of passenger of the distance of the may include the for each (constant) amage	side in between the following	front or the ballowing: rement	of max rear imposed in the contract of the con	imum cr pacts an nd the c lead, be ximum c	rush. Id rear to riginal lumper to riginal l	o front i	in side ntour ta	iken at
Impact Number	C-Measur		Width (CDC)	Max Crush	L	·	-		,	1 .		
/	514 L	EVEL	93.5"	22.75"	110"	1.25"	17"	21.25	18.5"	11.25"	2.25"	(E)5'
				BET.						ļ		
				C24C3				ļ				
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43-109K



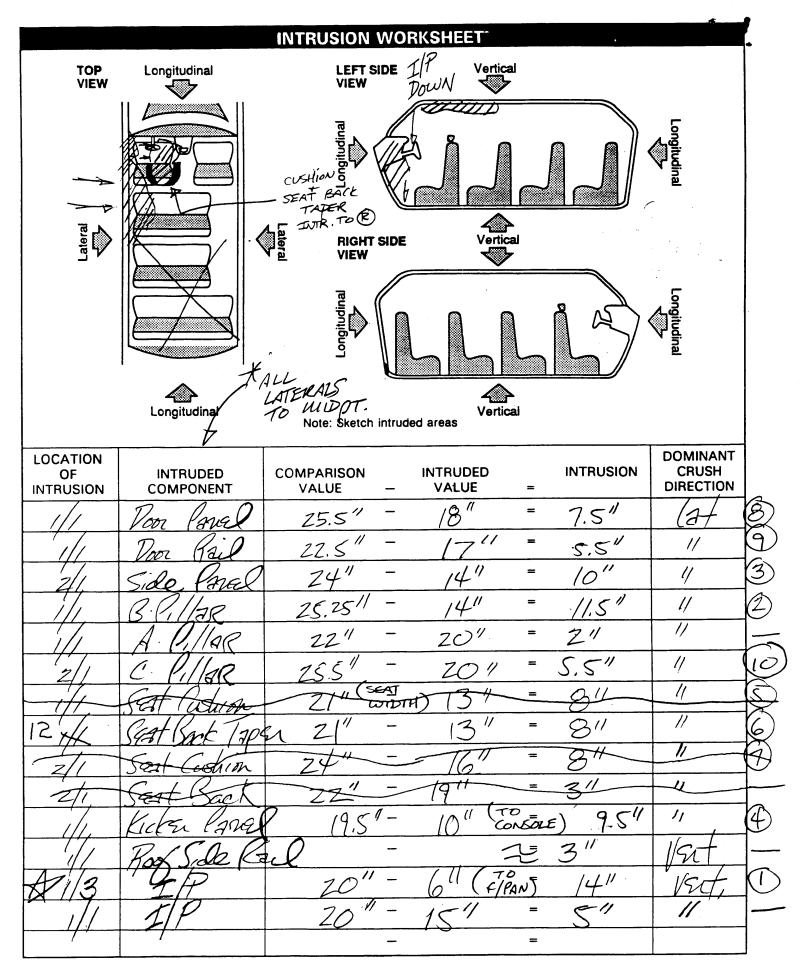
NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

43-109H

				VORKSHE				
		С	ODES FOR (DBJECT CO	NTACTED			
(01-30)	- Vehicle Nu	mber		(5	7) Fence			
(0.00)				•	8) Wall			
Noncolli	ision			•	9) Building			
	Overturn - ro	ollover			O) Ditch or			
	Fire or explos			•	1) Ground	•		
	Jackknife		• -	2) Fire hyd	rant			
	Other intrauni		3) Curb					
(34/	Opigi ilidadili	it damage (speci	77.		4) Bridge			
(35)	Noncollision in	niury				xed object (s	enecify):	
		ision (specify):						
(39)	Noncollision -	- details unknov	vn			n fixed obje		
			0.1	" Colli 6.35 (7 7	sion with No	onfixed Obje	ct	
Collisio	n With Fixed C)bject	38.	/_/ 35 17	1) Motor v	ehicle not in	-transport	
(41)	Tree (≤ 4 inc	hes in diameter)		, ' 6'' (7	2) Pedestri	ian		
(42)	Tree (> 4 inc	thes in diameter)	•	(7	3) Cyclist	or cycle		
	Shrubbery or Embankment	bush		(7	4) Other n	onmotorist o	or conveyand	ce
(44)	Empankment			(7	5) Vehicle	occupant		
(45)	Breakaway po	ole or post (any o	diameter)	(7	6) Animal			
				• .	7) Train			
	akaway Pole o					disconnecte		
		≤ 4 inches in di			8) Other n	onfixed obje	ct (specify):	
(51)		> 4 inches but	≤ 12 inches					
	diameter)			(8	9) Unknov	vn nonfixed	object	
		> 12 inches in o						
(53)	Pole or post (diameter unknov	vn)	(9	8) Other e	vent (specify	/):	
(54)	Concrete traf	fic barrier		(9	9) Unknow	vn event or o	object	
(55)	Impact attenu	uator		CDC: (9	9) Unknow	vn event or o	object "	
(55)	Impact attenue Other traffic		guardrail)	CDC: (9	(2) 6.25	s" — 14.5	••	
(55)	Impact attenu	uator	guardrail)	CDC: (9	(2) 6.25	s" — 14.5	••	
(55)	Impact attenue Other traffic	uator barrier (includes :		_	2 6.25 3 14.5	"— 14.5 "— <i>20.</i> 8	" 5	-777"
(55)	Impact attenue Other traffic	uator barrier (includes :		CDC: (9	2 6.25 3 14.5	"— 14.5 "— <i>20.</i> 8	" 5	-27.2"
(55) (56)	Impact attenu Other traffic ((specify):	uator barrier (includes : DEFORMA		_	② (6.25) (3) /4.5) BY EVENT N (4)	S'' - 14.5 $S'' - 20.8$ NUMBER 4	5 20.85 –	-27.2"
(55) (56) Accident	Impact attenu Other traffic ((specify):	DEFORMA (1) (2)	TION CLASS	- SIFICATION I	② (6.75) (3) /4.5) BY EVENT N (4) Specific	(5) — 14.5 11 — 20.8 NUMBER (5) Specific	5 20.85 -	
(55) (56) Accident Event	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction	TION CLASS	- SIFICATION I	② (6.75) (3) /4.5) BY EVENT N (4) Specific Longitudinal	(5) Specific Vertical or	(6) Type of	(7)
(55) (56) Accident	Impact attenu Other traffic (specify):	DEFORMA (1) (2)	TION CLASS	- SIFICATION I	② (6.75) (3) /4.5) BY EVENT N (4) Specific	(5) — 14.5 11 — 20.8 NUMBER (5) Specific	5 20.85 -	
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation
(55) (56) Accident Event Sequence	Impact attenu Other traffic (specify):	DEFORMA (1) (2) Direction of Force	Incremental Value of	(3)	(4) Specific Longitudinal or Lateral	(5) Specific Vertical or Lateral	(6) Type of Damage	(7) Deformation

S. Department of Transportation stional Highway Traffic Safety	INTERIOR VEH	HICLE FORM	NATIONAL ACCIDENT SAMPLING SYSTEM
dministration			CRASHWORTHINESS DATA SYSTEM GLAZING
1. Primary Sampling Unit Number	43	Ciarina Damaga fra	
2. Case Number - Stratum	109A	Glazing Damage from	2 17. RF 9 18. LR 6 19. RR 9
3. Vehicle Number	02	20. BL 21. Roof	
INTEGRITY		20. BL 21. HOOT	() 22. Other ()
4. Passenger Compartment Integrit (00) No integrity loss	v <u>06</u>	(2) Glazing in place (3) Glazing in place (4) Glazing out-of-p	age from impact forces and cracked from impact forces and holed from impact forces blace (cracked or not), and not holed from
Yes, Integrity Was Lost Through (O1) Windshield (O2) Door (side) (O3) Door/hatch (back door) (O4) Roof (O5) Roof glass			
 (06) Side window (07) Rear window (backlight) (08) Roof and roof glass (09) Windshield and door (side) (10) Windshield and roof (11) Side and rear window (side window) 	v and backlight)		m Occupant Contact 25. RF 0 26. LR 0 27. RR 0 30. Other
(12) Windshield and side window(13) Door and side window(98) Other combination of above (specification)		(1) Glazing contact(2) Glazing in place	entact to glazing or no glazing ed by occupant but no glazing damage and cracked by occupant contact and holed by occupant contact
Door, Tailgate or Hatch Opening 5. LF 3 6. RF 3 7. LR 0 8. RF	я <u>О</u> 9. тg/н <u>О</u>	contact and not (5) Glazing out-of- occupant conta (6) Glazing disinteg	place (cracked or not) by occupant tholed by occupant contact place by occupant contact and holed by ct prated by occupant contact ntacted by occupant
(0) No door/gate/hatch (1) Door/gate/hatch remained closed an (2) Door/gate/hatch came open during o	nd operational	If No Glazing Damag Glazing, Then Code	ge <i>And</i> No Occupant Contact or No IV31 Through IV46 As Ø
(3) Door/gate/hatch jammed shut (8) Other (specify):		Type of Window/W	<u>-</u>
(9) Unknown		31. WS 1 32. LF 2 36. BL 2 37. Roo	$\frac{2}{2}$ 33. RF $\frac{2}{2}$ 34. LR $\frac{2}{2}$ 35. RR $\frac{2}{2}$ of $\frac{2}{2}$ 38. Other $\frac{2}{2}$
Damage/Failure Associated with Doc Opening in Collision. If IV05-IV09 = 10. LF 11. RF 12. LR 13.	± 2, Then code Ø	(0) No glazing con (1) AS-1 — Lamina (2) AS-2 — Tempe (3) AS-3 — Tempe (4) AS-14 — Glass (8) Other (specify)	ored ored-tinted o/Plastic
(0) No door/gate/hatch or door not ope	ned	(9) Unknown	
Door, Tailgate or Hatch Came Open Dur (1) Door operational (no damage) (2) Latch/striker failure due to damage (3) Hinge failure due to damage (4) Door structure failure due to damag (5) Door support (i.e., pillar, sill, roof si etc.) failure due to damage (6) Latch/striker and hinge failure due t	ge ide rail,	44. BL / 45. Root	$\frac{2}{41}$. RF $\frac{2}{42}$. LR $\frac{1}{43}$. RR $\frac{1}{43}$
(8) Other failure (specify): (9) Unknown		(1) Fixed (2) Closed (3) Partially opene (4) Fully opened (9) Unknown	



OCCUPANT AREA INTRUSION Note: If no intrusions, leave variables IV47-IV86 blank. INTRUDING COMPONENT Interior Components **Dominant** (01) Steering assembly Crush Intruding Magnitude Location of (02) Instrument panel left Direction of Intrusion Intrusion Component (03) Instrument panel center (04) Instrument panel right (05) Toe pan (06) A-pillar (07) B-pillar (08) C-pillar (09) D-pillar (10) Door panel (side) (12) Roof (or convertible top) (13) Roof side rail (14) Windshield (15) Windshield header (16) Window frame (17) Floor pan (includes sill) (18) Backlight header (19) Front seat back (20) Second seat back (21) Third seat back (22) Fourth seat back (23) Fifth seat back (24) Seat cushion (25) Back door/panel (e.g., tailgate) 1st Review: (26) Other interior component (specify): (27) Side panel - forward of the A-pillar (28) Side panel - rear of the A-pillar Exterior Components (30) Hood (31) Outside surface of this vehicle (specify): (32) Other exterior object in the environment (specify): (33) Unknown exterior object (97) Catastrophic (98) Intrusion of unlisted component(s) (specify): (99) Unknown NASS CODING CHANGE MAGNITUDE OF INTRUSION LOCATION OF INTRUSION 1st Review: 1E $(1) \ge 1$ inch but < 3 inches Fourth Seat 2nd Review. (2) \geq 3 inches but < 6 inches Front Seat $(3) \ge 6$ inches but < 12 inches (41) Left (11) Left (4) \geq 12 inches but < 18 inches (42) Middle (12) Middle (43) Right (5) \geq 18 inches but < 24 inches (13) Right $(6) \ge 24$ inches (97) Catastrophic (7) Catastrophic Second Seat (98) Other enclosed (9) Unknown (21) Left area (specify) (22) Middle

Third Seat

- (31) Left (32) Middle

(23) Right

(33) Right

(99) Unknown

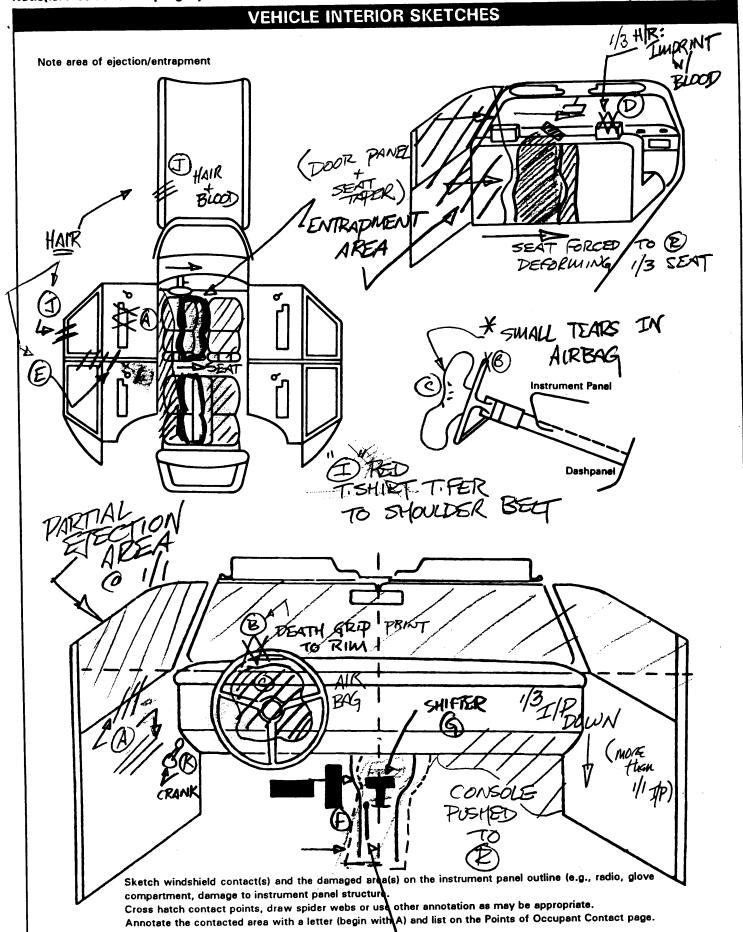
DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

COMPARISON VALUE	. — , C	AMAGE VALU	E =	DEFORMAT	ION
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(0) No (1) Yes

(8) Not present (9) Unknown



POINTS OF OCCUPANT CONTACT							
Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point		
Α	DOOR PANEZ	. 01	9 Toess	ARMREST BROKE OFF/ HUY DENT	NG (1)		
В	RIM	"/	HANDS	"DEATH GRIP" PRINTS @ 12/10	'/		
С	AIRBAG	//	FACE	BLOOD SOATTER / NONE	9		
D //3	HEATREST	- 11	FACE	Hry IMPRESSION W/ SWUDGE			
EZ	B. PILLAR	U"	HEAD	CLUMPS OF BLACK HAIR			
F	CONSOLE	//	R)THGH/H		1		
G	GEARSHIFT	1/	(R) KNEE	1 4 4 1			
Н	Fun BIAKE	11	1/	11 11 11 11	/		
l	SHUELT	l)	CHEST	RED TIFER TO BELT	1		
J	1/1 Roof F	AIL "	HEAD	HAIR + BLOOD / IMPRESSION	1		
K	Il WINDOW		(I) KNEG	Broke Off	Z		
L							
М							
N							
		CC	DES FOR INT	ERIOR COMPONENTS			

- (01) Windshield
- (O2) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, Apillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, Apillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):
- (47) Interior loose objects

- (48) Child safety seat (specify):
- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

		AUTOMATIC RESTRAINTS						
NOTES	6: Encode the data for each app below. Restraint systems sh Assessment Form.	olicable front seat position. The attribution ould be assessed during the vehicle in	ite for the variables may be found spection then coded on the Occupant					
AIR BAGS								
F		Left	Right					
ı	Availability/Function	/	0					
R	Deployment	3 1	6					
T	Failure		0					
(0) (1) <i>Non-</i> (2) (3)	System Availability/Function Not equipped/not available Air bag functional Air bag disconnected (specify): Air bag not reinstalled Unknown	Air Bag System Deployment (0) Not equipped/not available (1) Air bag deployed during accident (as a result of impact) (2) Air bag deployed inadvertently just prior to accident (3) Air bag deployed, accident sequence undetermined (4) Nondeployed (5) Unknown if deployed (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical) (9) Unknown	O) Not equipped/not available (1) No (2) Yes (specify): (9) Unknown					
		Left Left	Right					
	Availability/Function							
F	Use							
I R	Туре							
S	Proper Use	X						
T	Failure Modes							
Availal (0) (1) (2) (3) (4) (9) Autom (0) (1) (2) (3) (9) Autom (0)	atic (Passive) Belt System collity/Function Not equipped/not available 2 point automatic belts 3 point automatic belts Automatic belts - type unknown -functional Automatic belts destroyed or rendered inoperative Unknown atic (Passive) Belt System Use Not equipped/not available/destroyed or rendered inoperative Automatic belt in use Automatic belt not in use (manually disconnected, motorized track inoperative) Automatic belt use unknown Unknown atic (Passive) Belt System Type Not equipped/not available	Proper Use of Automatic (Passive) Belt System (0) Not equipped/not available/not used (1) Automatic belt used properly (2) Automatic belt used properly with child safety seat Automatic Belt Used Improperly (3) Automatic shoulder belt worn under arm (4) Automatic shoulder belt worn behind back (5) Automatic belt worn around more than one person (6) Lap portion of automatic belt worn on abdomen (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): (8) Other improper use of automatic belt system (specify):	Automatic (Passive) Belt Failure Modes During Accident (0) Not equipped/not available/not in use (1) No automatic belt failure(s) (2) Torn webbing (stretched webbing not included) (3) Broken buckle or latchplate (4) Upper anchorage separated (5) Other anchorage separated (specify): (6) Broken retractor (7) Combination of above (specify): (8) Other automatic belt failure (specify):					
(1) (2)	Non-motorized system Motorized system Unknown	(9) Unknown						

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MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Ocupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

	page.	Left	Center	Right
F	Availability	4,	00	4
R	Use	04	00	00
S T	Failure Modes		\mathcal{C}	0
Ş	Availability	4	0	4
SECONO	Use	06	00	06
Ň	Failure Modes	0	0	0
T	Availability			
H <u>I</u>	Use			
R D	Failure Modes			
Q.	Availability			
H	Use	· .		
E R	Failure Modes			

Manual (Active) Belt System Availab	oilit	m	li
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- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available type unknown

Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)
- (8) Other belt (specify):
- (9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):
- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used type unknown

- (08) Other belt used (specify):
- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):
- (6) Broken retractor
- (7) Combination of above (specify):
- (8) Other manual belt failure (specify):
- (9) Unknown

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present. Occupant Number 1. Type of Child Safety Seat	CHILD SAFETY SE	AT FIELD ASSESSMENT
Cccupant Number 1. Type of Child Safety Seat 2. Child Safety Seat 3. Child Safety Seat Harness Usage 4. Child Safety Seat Harness Usage 5. Child Safety Seat Harness Usage 6. Child Safety Seat Make/Model 7. Type of Child Safety Seat Make/Model 8. Type of Child Safety Seat Make/Model 9. Child Safety Seat (1) Infant seat (2) Toddler seat (3) Convertible seat (3) Convertible seat (4) Boster seat (7) Other type child safety seat (specify): (8) Unknown child safety seat used (2) Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-1 (10) No child safety seat (2) Child Safety Seat Tether Usage Note: Options Below Are Used for Variables 3-1 (10) No child safety seat (10) No child safety seat (11) After market harness/shield/tether added, not used (12) After market harness/shield/tether added on used (13) Child safety seat used (14) Boster Seat (15) After market harness/shield/tether added on used (16) Other orientation (specify): (17) Unknown orientation (18) Other orientation (specify): (19) Unknown orientation (specify): (19) Unknown orientation (specify): (19) Unknown orientation (specify): (19) Unknown orientation (specify): (21) Harness/shield/tether used (22) Harness/shield/tether used (23) Unknown if child safety seat used (3) Child safety seat wased (3) Unknown if harness/shield/tether used (3) Unknown if harness/shield/tether used (10) Unknown orientation (specify): (21) Harness/shield/tether used (22) Harness/shield/tether used (23) Unknown if child safety seat used (3) Unknown if child safety seat used (4) Unknown orientation (specify): (21) Harness/shield/tether used (22) Harness/shield/tether used (23) Unknown if harness/shield/tether used (24) Harness/shield/tether used (25) Unknown if harness/shield/tether used (26) Unknown if harness/shield/tether used (27) Harness/shield/tether used (28) Unknown if harness/shield/tether used (29) Unknown if harness/shi	When a child safety seat is present enter the occupa	ant's number in the first row and complete the column below
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Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation (Specify make/model and occupant number) ———————————————————————————————————	(19) Unknown orientation	
Age/Weight, or Unknown Age/Weight (21) Rear facing (22) Forward facing (28) Other orientation (specify): (29) Unknown orientation	Unknown Design or Orientation For This	
(22) Forward facing (28) Other orientation (specify): (29) Unknown orientation	Age/Weight, or Unknown Age/Weight	
(28) Other orientation (specify): (29) Unknown orientation		
(99) Unknown if child safety seat used	(29) Unknown orientation	· · · · · · · · · · · · · · · · · · ·
	(99) Unknown if child safety seat used	· · · · · · · · · · · · · · · · · · ·

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F	Head Restraint Type/Damage	*3	\mathcal{O}	4 occ.
ì	Seat Type	OZ	00	02
R S T	Seat Performance	6 Brillar 1	WAR. O	6 SEAT IN
	Seat Orientation	/	0	
S	Head Restraint Type/Damage	O	<u> </u>	0
E C	Seat Type	03	00	03
Ŏ	Seat Performance	6 SIDE PAME	1 00	6
Ď	Seat Orientation	/ '	<u> </u>	
т	Head Restraint Type/Damage			
Ĥ	Seat Type			
Ŕ	Seat Performance			
D	Seat Orientation			
0	Head Restraint Type/Damage			
Ť	Seat Type			
E	Seat Performance			
R	Seat Orientation			

Head Restraint Type/Damage by Occupant at This Occupant Position

- (O) No head restraints
- Integral no damage Integral damaged during accident
- Adjustable no damage (3)
- (4) Adjustable damaged during accident
- Add-on no damage (5)
- Add-on damaged during accident (6)
- Other Specify): (8)
- (9) Unknown

Seat Type (this Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- Bench (03)
- Bench with separate back cushions (04)
- (05)Bench with folding back(s)
- Split bench with separate back cushions (06)
- Split bench with folding back(s) (07)
- (08) Pedestal (i.e., column supported)
- Other seat type (specify): (09)
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

Seat Performance (this Occupant Position)

- (O) No seat
- (1) No seat performance failure(s)
- Seat adjusters failed (2)
- (3) Seat back folding locks or "seat back" failed specify:
- Seat tracks/anchors failed
- Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): 1/1 SEAT DEF. FROM LAT B. F. | | AR + DOOR TNTR. 1/3 SEAT DEF.
- (7) Combination of above (specify):
- (8) Other (specify):
- (9) Unknown

Seat Orientation (this Occupant Position)

- (O) No seat
- Forward facing seat (1)
- Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify):
- (9) Unknown

DESCRIBE ANY INDICAT CONTACT PATTERN)	POSSIBLE FUD CONTACT TO AIRBAG —
w/	CERTAIN LATERAL CONTACTS

(Note in vehicle interior diagram)

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EJECTION/ENTRAPMENT DATA								
Comp	Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occpant Assessment Form.							
Desc	TION No [] Yes [\sqrt{1}] ribe indications of ejection and bo	ody parts inv	olved in pa	rtial ejection((s):	· Donl	Fal	
V:	2 DRIVEDS HEAD PAUTIALLY BY THE HAIR	FUND	ON TI	U III G	ENDER 1	Asy, of	· Vi	
	AND HAIR	4 / 1	s B./	ILLAR +	Roof	SIDE	PAIL,	
						(IND	RIOR)	
	Occupant Number	/						
	Ejection	2						
	(Note on Vehicle Interior Sketch) Ejection Area	2						
	Ejection Medium	4						
	Medium Status	2						
Ejection (1) Complete ejection (1) Partial ejection (3) Ejection, Unknown degree (9) Unknown		(7) Roof (8) Other area (e.g., back of pickup, etc.) (specify):			(8) O (9) Ū	(5) Integral structure (8) Other medium (specify): (9) Unknown Medium Status (Immediately Prior		
(1 (2 (3 (4 (5	tion Area) Windshield) Left front) Right front) Left rear) Right rear) Right rear	Ejection Medium (1) Door/hatch/tailgate (2) Nonfixed roof structure (3) Fixed glazing (4) Nonfixed glazing (specify):			to Impa (1) C (2) C (3) Ii	to Impact) (1) Open (2) Closed (3) Integral structure (9) Unknown		
ENTRAPMENT No[] Yes[V] Describe entrapment mechanism: * (DER BODA : PINNED BETWEEN 1/1								
Des	cribe entrapment mechanism:	An	D	THE S	EAT (3ACK	TAPER	<u>S.</u>
	"WED		IN, S	EAT"	7	`		
	*	- Lower	2 BOD	y: K	NNED	BETWE		
_	DooR / SIDE		+ 11	IDDE	CONSO	w/ gr	ARSHIF	
Component(s): SS VIDSO FOR Proof								

Page 3

			. /
26.	Seat Type (this Occupant Position) (00) Occupant not seated or no seat	30. Child Safety Seat Orientation (00) No child safety seat	
	(01) Bucket		
	(02) Bucket with folding back	Designed for Rear Facing for This Age/Weight	
	(03) Bench	(01) Rear facing	
	(04) Bench with separate back cushions	(02) Forward facing	
	(05) Bench with folding back(s)	(08) Other orientation (specify):	
	(06) Split bench with separate back cushions	(09) Unknown orientation	•
	(07) Split bench with folding back(s)	(09) Onknown orientation	
	(08) Pedestal (i.e., column supported)	Designed For Forward Facing for This Age/We	iaht
	(09) Other seat type (specify):	(11) Rear facing	·y···
	(10) Box mounted seat (i.e., van type)	(12) Forward facing	
	(99) Unknown	(18) Other orientation (specify):	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(10, 0000 0000 0000 0000 0000 0000 0000	
		(19) Unknown orientation	
27.	Seat Performance (this Occupant Position)		
	(0) Occupant not seated or no seat	Unknown Design or Orientation For This	
	(1) No seat performance failure(s)	Age/Weight, or Unknown Age/Weight	
	(2) Seat adjusters failed	(21) Rear facing	
	(3) Seat back folding locks or "seat back" failed	(22) Forward facing	
	(4) Seat track/anchors failed	(28) Other orientation (specify):	
	(5) Deformed by impact of occupant	(29) Unknown orientation	
	(6) Deformed by passenger compartment intrusion (specify): (C) DOR + (D) B. P. //AR	(29) Unknown orientation	
	INTRUSIONS (LATERAL)	(99) Unknown if child safety seat used	
		(55) Chikhowi ii child safety sout dood	
	(7) Combination of above (specify):		1
	(c) commence of about (c) company,	31. Child Safety Seat Harness Usage	
	(8) Other (specify):		1/2
		32. Child Safety Seat Shield Usage	\subseteq
	(9) Unknown		(
		33. Child Safety Seat Tether Usage	ر
		Note: Options below applicable to	
	CHILD SAFETY SEAT	Variables OA31-OA33.	
		(00) No child safety seat	
28.	Child Safety Seat Make/Model	Not Designed With Harness/Shield/Tether	
	(000) No child safety seat	(01) After market harness/shield/tether	
	Applicable codes are found in your NASS CDS	added, not used	
	Data Collection, Coding and Editing	(02) After market harness/shield/tether used	
	(950) Built-in child safety seat	(03) Child safety seat used, but no after mar	ket
	(997) Other make/model (specify):	harness/shield/tether added	
	1000	(09) Unknown if harness/shield/tether	
	(998) Unknown make/model	added or used	
	(999) Unknown if child safety seat used		
		Designed With Harness/Shield/Tether	
29	Type of Child Safety Seat	(11) Harness/shield/tether not used	
23.	(0) No child safety seat	(12) Harness/shield/tether used	
	(1) Infant seat	(19) Unknown if harness/shield/tether used	
	(2) Toddler seat	11-1	AL -
	(3) Convertible seat	Unknown If Designed With Harness/Shield/Te	tner
	(4) Booster seat	(21) Harness/shield/tether not used	
	(7) Other type child safety seat (specify):	(22) Harness/shield/tether used (29) Unknown if harness/shield/tether used	
		(25) Unknown it namess/snieid/tetner used	
	(8) Unknown child safety seat type	(99) Unknown if child safety seat used	
	(9) Unknown if child safety seat used	1991 OHMHOWITH CHIRD SOIETA SEGE REED	
		•	



Administration

U.S. Department of Transportation National Highway Traffic Safety

OCCUPANT INJURY FORM

Form Approved O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

10 = 43

3. Vehicle Number

4. Occupant Number

2. Case Number - Stratum

109A

INJURY DATA:

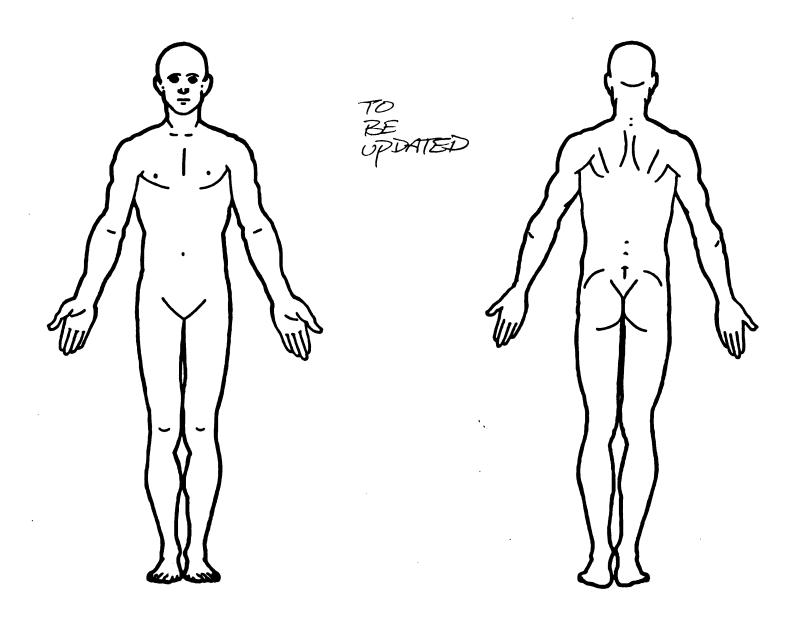
Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

				$\overline{}$, Goppic	
	Source of Injury Data	Body Region	Aspect	O.I.CA.I	Syster		,,	Injury Source Confidenc Level	Direct/ e Indirect Injury	Occupant Area Intrusion No.
1st	57	6. <u>H</u>	7. <u>U</u>	8. <u>U</u>	9.	10.7	11.97	12. 9	13	14. 99
2nd	15	16	17. P	18.	19.	20.	21.97	22. 9	23. 7	24.
3rd	25	26	27	28	29	30	31.	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	51	52.	53	54
6th	55	56	57	58	59	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th	95	96	97	98	99	100	101	102	103	104

				OCC	CUPANT	INJUR'	Y DATA			
	Source			O.I.CA.I.				Injury		
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
11th	_	_					<u> </u>			
12th				-				_		
13th		-								
14th	_	_			·	_		,	_	—————
15th	1. + -	-	_			_		_		
16th		_		<u> </u>				_		
17th		_				_				
18th									_	
19th								, <u> </u>	_	
20th								_		
21st			_			_			_	
22nd								<u> </u>	_	
23rd										
24th	_			_						
25th							<u> </u>		_	

OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. OFFICIAL one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, medical records B-pillar, or roof side rail. (2) Hospital medical records other than (27) Other left side object (specify): **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood summary) (28) Left side window sill (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67) Other exterior surface or tires Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects (31) Right side hardware or armrest UNOFFICIAL (32) Right A pillar **EXTERIOR OF OTHER MOTOR VEHICLE** (5) Lay coroner report (33) Right B pillar (70) Front bumper (6) E.M.S. personnel (34) Other right pillar (specify): (71) Hood edge Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame (36) Right side window glass including (73) Hood (9) Police one or more of the following: (74) Hood ornament frame, window sill, A pillar, (75) Windshield, roof rail, A-pillar B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors FRONT (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air/conditioner) (45) Air bag **ENVIRONMENT** (09) Left instrument panel and below (46)Other occupants (specify): (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (48) Child safety seat (specify): (86) Unknown vehicle or object (13) Knee bolster (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle pillar, instrument panel, mirror, or (91) Flying glass steering assembly (driver side only) ROOF (92) Other noncontact injury source (15) Windshield including one or more (50) Front header (specify): of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL **FLOOR LEFT SIDE** (1) Certain (56) Floor (including toe pan) (20) Left side interior surface, (2) Probable (57) Floor or console mounted excluding hardware or armrests 131 Possible transmission lever, including (21) Left side hardware or armrest (9) Unknown console (22) Left A piller (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking **DIRECT/INDIRECT INJURY** (24) Other left pillar (specify): brake (1) Direct contact injury (25) Left side window glass or frame (2) Indirect contact injury REAR Noncontact injury (3) (60) Backlight (rear window) (7) Injured, unknown source OCCUPANT INJURY CLASSIFICATION O.I.C. Body Region Aspect of Inhone

J	.o. body neglon	Aspect of Injury	(F) Frac		Liver
(M)	Abdomen	(A) Anterior—front		cture and dislocation (M) red, unknown lesion (N)	
(Q)	Ankle-foot	(B) Bilateral (rib fracture only)			Nervous system
(A)	Arm (upper)	(C) Central		eration (P)	Pulmonary—lungs
(B)	Back-thoracolumbar spine	(I) Inferior—lower	(O) Othe		Respiratory
(C)	Chest			foration, puncture (S)	Skeletal
(E)	Elbow	,	(R) Rupt		Spinal cord
(F)	Face	1_1	(S) Spra		Spleen
(R)	Forearm	(P) Posterior—back	(T) Strai	nin (T)	Thyroid, other endocrine
(H)	Head — skull	(R) Right	(E) Tota	al severance, transection	gland
(U)		(S) Superior—upper		(V)	Vertebree
(K)	Injured, unknown region	(W) Whole region	System/O		A 01 (00) 00
	Knee		· ·	• •	breviated injury Scale
(L)	Leg (lower)	Lesion	(W) All s	systems in region	Availed Injury ocase
(Y)	Lower limbs(s) (whole or	•	. · · · · · · ·		AA!1-1
	unknown part)	(A) Abrasion	(B) Brain	(1)	Minor injury
(N)	Neck-cervical spine	(M) Amputation		12)	Moderate injury
(P)	Pelvic — hip	(V) Avulsion	(E) Ears		Seriour injury
(S)	Shoulder	(B) Burn		(-)	Severe injury
(TI)	Thigh	(K) Concussion	(O) Eye	(5)	Critical injury
(X)	Upper limb(s) (whole or	(C) Contusion	(H) Hear	10)	Maximum (untreatable)
	unknown part)	(N) Crush		red, unknown system (7)	injured, unknown severity
(O)	Whole body		-	gumentary	,
(W)	Wrist-hand	(G) Detachment, separation (D) Dislocation	(J) Joint	ts .	
			(K) Kidne		· ·

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

__ No

Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL = ____

Glasgow Coma Scale Score

GCSS = ____

Units of Blood Given

Units = ____

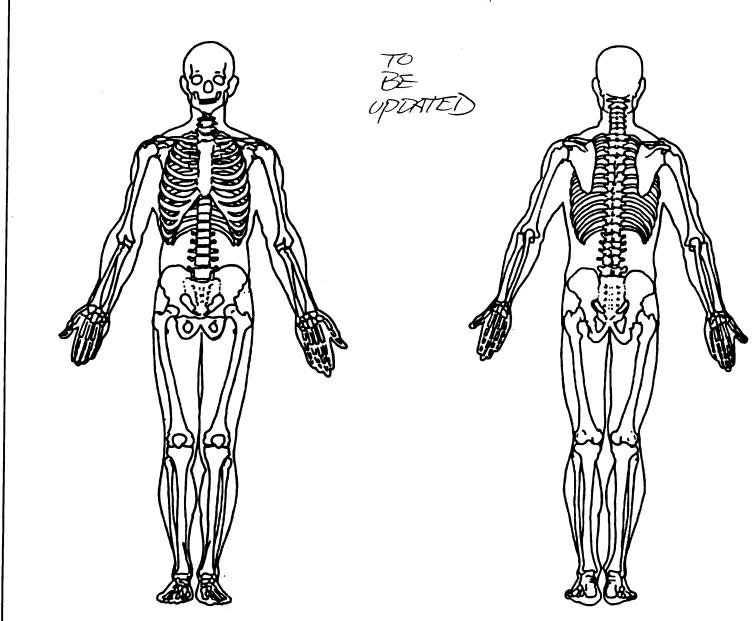
Aterial Blood Gases

pH = __.__

PO,=

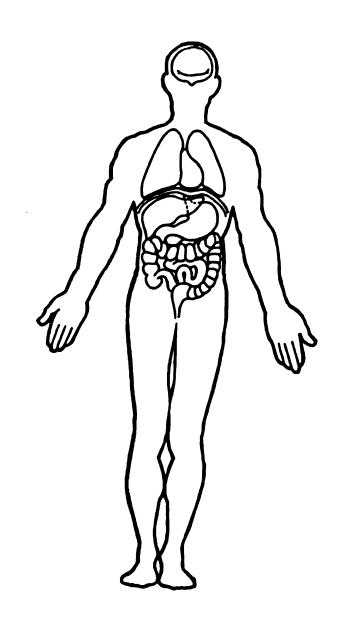
PCO,

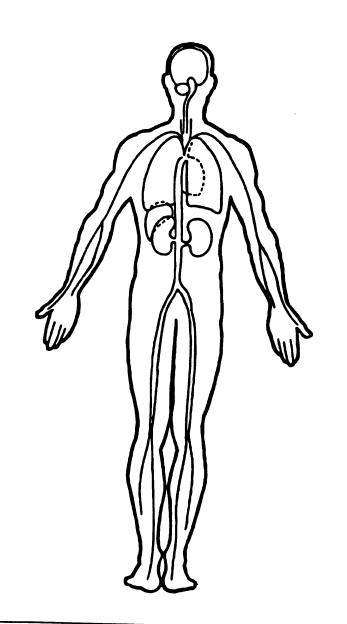
HCO₃ ____



OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





National Highway Traffic Safety Administration		UPDATI	E FORM	NATIONA CR	AL ACCIDENT S ASHWORTHINE	SAMPLING SYSTEM SS DATA SYSTEM
 Primary Sampling Unit Number Case Number — Stratum Vehicle Number Occupant Number 		43 09 A 02 01	Address: Other Information	on:		
	UPD	ATED CASE	INFORMATIO	N		
	INITIAL SUBMISSION	UPDATED INFORMATION			INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	96	<u>0</u> 0	OA21. Air Bag S Availabili	System ity/Function	1/2	_
GV39. Other Drug Specimen Test Type for Driver	$\underline{\mathcal{O}}$		OA22. Air Bag	System Deploym	ent $\frac{3}{4}$	_
GV40GV41. Narcotic Drug	06		OA35. Treatment OA36. Type of		<u> </u>	_

	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION
GV12. Alcohol Test Result Result for Driver	96	<u>0</u> 0	OA21. Air Bag System Availability/Function	/ 2	
GV39. Other Drug Specimen Test Type for Driver	<u>O</u>		OA22. Air Bag System Deploy	ment $\frac{\mathcal{I}}{\mathcal{I}}$	_
GV40GV41. Narcotic Drug	06		OA35. Treatment - Mortality	<u></u>	
GV42GV43. Depressant Drug	<u></u>	-	OA36. Type of Medical Facilit (for Initial Treatment)	v <u>C</u>	
GV44GV45. Stimulant Drug	06		OA37. Hospital Stay	<u>00</u>	
GV46GV47. Hallucinogen Drug			OA38. Working Days Lost	62	
GV48GV49. Cannabinoid Drug	20		OA39. Time to Death	01	
GV50GV51. Phencyclidine (PCP)	<u>0</u> 0		OA40. 1st Medically Reported Cause of Death	99	02
GV52GV53. Inhalant Drug	<u></u>		OA41. 2nd Medically Reported Cause of Death	, <u>00</u>	
GV54GV55. Other Drug (Excluding Nicotin Aspirin, Alcohol, Drugs Administere			OA42. 3rd Medically Reported Cause of Death	00	<u> </u>
Post-Crash)			OA43. Number of Recorded Injuries for This Occup		<u> </u>
GV56. Driver's Zip Code GV57. Driver's Race/Ethnic Original Control C	gin		OA44. Automatic (Passive) Bo System Availability/Fu		
OA05. Occupant's Age	17		OA45. Automatic (Passive) Bo	elt <u>O</u>	
OA06. Occupant's Sex OA07. Occupant's Height	66	_	OA50. Glasgow Coma Scale	02	
· · · · · ·	160		(GCS) Score	/	
OA08. Occupant's Weight	1 <u>40</u>		OA51 Was the Occupant Giv Blood?	en <u>/</u>	
OA17. Manual (Active) Belt System Availability	$\frac{\mathcal{I}}{2}$	_	OA52. Arterial Blood Gases (A	ABG) <u>O</u>	
OA18. Manual (Active) Belt System Use	<u>04</u>				

S	STATUS OF LOG INJURY INFORMATION										
	INITIAL SUBMISSION	UPDATED INFORMATION		INITIAL SUBMISSION	UPDATED INFORMATION						
OAL12. Injury Treatment Status OAL13. Injury Information	<u></u>		h. Emergency room records i. Radiographic record(s) associated with ER visit	<u>B</u>							
Official a. Autopsy (invasive examination) b. Post-ER medical record which	B 08		j. Private physician	<u>B</u>							
includes information about death based on non-invasive examination			Unofficial k. Lay coroner l. EMS record	<u>B</u>							
c. Admission record/summary or admission/discharge face sheet	<u>B</u>		m. Interviewee n. Other source (specify): DOA REPORT	B B T	<u>B</u>						
d. Discharge summary e. Operative report	<u>B</u> — —		o. Police report	В	В						
f. Rediographic record(s) post ER visit	B		OAL14. Medical Facility Code	01	04						
g. History and physical examination and/or consultation records	<u>B</u>		OIL07. Date Official Medical Data Obtained								
INJU	RY DATA	CODED C	N INITIAL SUBMISSION								

			INJURY	DAT	A CODE	D ON IN	ITIAL SUE	MISSION	ſ	
	Source of Injury Data	Body Region	Aspect	O.I.CA. Lesion	System		- Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5	6. <u>H</u>	7. <u>U</u>	8. <u>U</u>	9. 🖳	10. 7			13. 7	14. 99
2nd	15	16	17. <u>P</u>	18.	19.	20	21. <u>9</u> 7	22. 9	23. 7	24. 99
3rd	25	26	27	28	29	30	31	32	33	34
4th	35	36	37	38	39	40	41	42	43	44
5th	45	46	47	48	49	50	51	52	53	54
6th	5 5	56	57	58	59. <u> </u>	60	61	62	63	64
7th	65	66	67	68	69	70	71	72	73	74
8th	75	76	77	78	79	80	81	82	83	84
9th	85	86	87	88	89	90	91	92	93	94
10th		96	97	98	99	100	101	102	103	104
	105 1				109		111	112	113	114
	115 1		117 1	18	119	120	121	122	123	124
	125 1				129		131	132	133	134
							141	142	143	144
15th	145 1	46	147 1	48	149	150	151	152	153	154

Note: Keep a photocopy of the following original submitted pages when applicable: Exterior Vehicle Form pages 2, 3, 4; Interior Vehicle Form pages 1-reverse, 2, 4, 5; Occupant Injury Form pages 2, 3, 3-reverse; Interview Form pages 3, 4, 5.

INJURY DATA:

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

	Supplement	•								
	Source of Injury Data	Body Region	Aspect	D.I.CA.I.S Lesion	System Organ	A.I.S. Severity	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.
1st	5. X	<u>\$</u>	,W	<u>8.</u>	X	10.	11.97	12.	13.	14. 7
2nd	2 15.	16. <u>H</u>	17.	18.	19.	20.3	21.	22.2	23.	24.
3rd	25. X	26. A	27.	28	<u>1</u>	30	31.	32.	33.	34.
4th	2 35.	36.	R 37	<u> </u>	39. <u> </u>	40.	41.57	42.	43.	44.
5th	45.	46. 1	47.	48.—	<u></u>	50.	51. 98	52:3	53. 2	ь 54. <u>Ж</u>
- 6th	55.2	56. <u>N</u>	67. <u>L</u>	58. 🛕	59. <u> </u>	60. 1	61. 41	62.3	63.	64. <u>O O</u>
7th	5.25	66. <u>S</u>	67	68. 🚹	59	70. <u> </u>	71. <u>20</u>	72.3	73. 丄	74. <u>06</u>
8th	75.2	_{76.} <u> </u>	77. <u>C</u>	78. <u>A</u>	79. <u> </u>	-80. <u>/</u>	81. 4	82. 3	83. 1	84. <u>O</u> O
9th	<u>2</u> .38	86. M	87.	88. 4	89. <u>T</u>	90. 1	91. 41	92.3	93. 1	94. <u>Ø</u>
10th	95. 2	96. <u>T</u>	97. <u>L</u>	98. 🛧	99	100	101. <u>20</u>	102. 2	103	104. <u>06</u>

If greater than 10 injuries, continue on reverse side. If greater than 25 injuries, code additional on Occupant Injury Data Supplement.

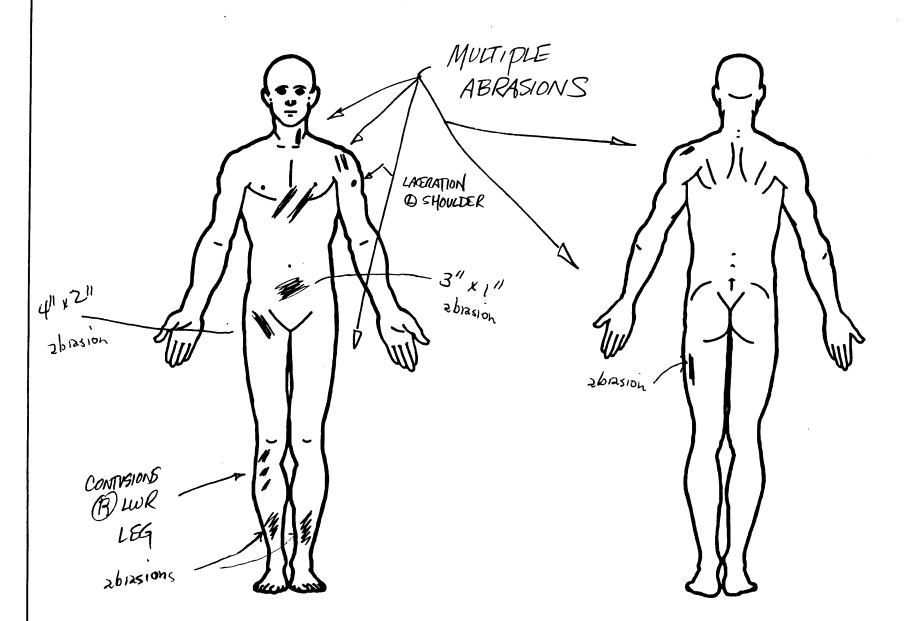
1st Review: 1E

	OCCUPANT INJURY DATA										
	Source			O.I.CA.I.S	3			Injury		N. T.	
	of Injury Data	Body Region	Aspect	Lesion	System Organ	A.I.S. Severity	Injury Source	Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion No.	
11th	2	L	<u>L</u>	A	I	1	09	2	1	09	
12th	2	<u>L</u>	R	A	エ	1	09	2	1	09	
13th		_	_	_		_			SS CODING C Review: 1E Review:	HANGE — —	
14th	_			_							
15th		_			_			_			
16th	_			_		_					
17th			_	_				_			
18th				_				·	:		
19th						· .		_			
20 th									_		
21st						_		_			
22nd						_		_			
23rd	_				_	_			_		
24 th				· <u> </u>					_		
25th		_		_							

OFFICIAL INJURY DATA - SOFT TISSUE INJURIES

Source - Medical Examiner - non invasive autopsy

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



SOURCE OF INJURY DATA (26) Left side window glass including (61) Backlight storage rack, door, etc. one or more of the following: (62) Other rear object (specify): (1) Autopsy records with or without hospital frame, window sill, A-pillar, B-pillar, or roof side rail. medical records (27) Other left side object (specify): (2) Hospital medical records other than **EXTERIOR of OCCUPANT'S VEHICLE** emergency room (e.g., dishcarge (65) Hood (28) Left side window sill summary) (66) Outside hardware (e.g., outside (3) Emergency room records only (including mirror, antenna) associated X-rays or other lab reports) RIGHT SIDE (67) Other exterior surface or tires (4) Private physician, walk-in or emergency (30) Right side interior surface, (specify): clinic excluding hardware or armrests (68) Unknown exterior objects (31) Right side hardware or armrest UNOFFICIAL (32) Right A pillar EXTERIOR OF OTHER MOTOR VEHICLE (5) Lay coroner report (33) Right B pillar (70) Front bumper (34) Other right pillar (specify): (6) E.M.S. personnel (71) Hood edge (7) Interviewee (72) Other front of vehicle (specify): (8) Other source (specify): (35) Right side window glass or frame (36) Right side window glass including (73) Hood one or more of the following: (9) Police (74) Hood ornament (75) Windshield, roof rail, A-pillar frame, window sill, A pillar, B pillar, or roof side rail. (76) Side surface **INJURY SOURCE** (37) Other right side object (specify): (77) Side mirrors **FRONT** (78) Other side protrusions (specify) (01) Windshield (38) Right side window sill (02) Mirror (79) Rear surface (03) Sunvisor INTERIOR (80) Undercarriage (04) Steering wheel rim (40) Seat, back support (81) Tires and wheels (05) Steering wheel hub/spoke (41) Belt restraint webbing/buckle (82) Other exterior of other motor vehicle (06) Steering wheel (combination (42) Belt restraint B-pillar (specify): of codes 04 and 05) attachment point (07) Steering column, transmission (43) Other restraint system component (83) Unknown exterior of other motor vehicle selector lever, other attachment (specify): (08) Add on equipment (e.g., CB, tape (44) Head restraint system OTHER VEHICLE OR OBJECT IN THE deck, air conditioner) (45) Air bag **ENVIRONMENT** (46) Other occupants (specify): (09) Left instrument panel and below (84) Ground (10) Center instrument panel and below (85) Other vehicle or object (specify) (11) Right instrument panel and below (47) Interior loose objects (12) Glove compartment door (86) Unknown vehicle or object (48) Child safety seat (specify): (13) Knee boister (14) Windshield including one or more (49) Other interior object (specify): NONCONTACT INJURY of the following: front header, A-(90) Fire in vehicle piller, instrument penel, mirror, or (91) Flying glass (92) Other noncontact injury source (specify): Jolf From Lypny steering assembly (driver side only) ROOF (15) Windshield including one or more (50) Front header of the following: front header, A-(51) Rear header (93) Air bag exhaust gases pillar, instrument panel, or mirror (52) Roof left side rail (97) Injured, unknown source (passenger side only) (53) Roof right side rail (16) Other front object (specify): (54) Roof or convertible top INJURY SOURCE CONFIDENCE LEVEL FLOOR (1) LEFT SIDE Certain (56) Floor (including toe pan) (2) Probable (20) Left side interior surface. (57) Floor or console mounted Possible excluding hardware or armrests transmission lever, including (9) Unknown (21) Left side hardware or armrest console (22) Left A pillar (58) Parking brake handle (23) Left B pillar (59) Foot controls including parking DIRECT/INDIRECT INJURY (24) Other left pillar (specify): brake Direct contact injury (1) Indirect contact injury (2) (25) Left side window glass or frame REAR (3) Noncontact injury (60) Backlight (rear window) (7)Injured, unknown source

	OCCUPANT INJURY CLASSIFICATION										
0.1.	C. Body Region	Asp	Aspect of injury		Fracture	(L)	Liver				
48.45	A L			(Z)	Fracture and dislocation	(M)	Muscles				
(M)	Abdomen	(A)	Anterior — front	(U)	Injured, unknown lesion	(N)	Nervous system				
(Q)	Ankle — foot	(B)	Bilateral (rib fracture only)	(L)	Laceration	(P)	Pulmonary—lungs				
(A)	Arm (upper)	(C)	Central	(0)	Other	(R)	Respiratory				
(B)	Back-thoracolumbar spine	(1)	Inferior — lower	(P)	Perforation, puncture	(S)	Skeletal				
(C)	Chest	(U)	injured, unknown aspect	(R)	Rupture	(C)	Spinal cord				
(E)	Elbow	(L)	Left	(S)	Sprain	(0)	Spieen				
(F)	Face	(P)	Posterior-back	m	Strain	(T)	Thyroid, other endocrine				
(R)	Forearm	(R)	Right	(E)	Total severance, transection	,	gland				
(H)	Head-skull	(S)	Superior-upper	,-,	Total development, transaction	(V)	Vertebrae				
(U)	Injured, unknown region	(W)	Whole region	Svet	tem/Organ	()	Aeifeblae				
(K)	Knee	•		0,0	ioni/Organ	A L L	seculated Intro-				
(L)	Leg (lower)	Lesi	on	(W)	All systems in region	ADD	previated Injury Scale				
(Y)	Lower limbs(s) (whole or			(A)	Arteries — veins		A.A				
,	unknown part)	(A)	Abrasion			(1)	Minor injury				
(N)	Neck-cervical spine	(M)	Amputation	(B)	Brain	(2)	Moderate injury				
(P)	Pelvic — hip		• • • • • • • • • • • • • • • • • • • •	(D)	Digestive	(3)	Seriour injury				
	•	(V)	Avulsion	(E)	Ears	(4)	Severe injury				
(S)	Shoulder	(B)	Burn	(O)	Eye	(5)	Critical injury				
m	Thigh	(K)	Concussion	(H)	Heart	(6)	Maximum (untreatable)				
(X)	Upper limb(s) (whole or	(C)	Contusion	(U)	Injured, unknown system	(7)	Injured, unknown severity				
	unknown part)	(N)	Crush	(1)	Integumentary	•••	,,				

(0)

Whole body

Wrist-hand

(G)

(D)

Detachment, separation

Dislocation

Integumentary

Joints

Kidneys

OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

No Yes

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

Blood Alcohol Level (mg/dl)

BAL =

Glasgow Coma Scale Score

GCSS =

Units of Blood Given

Units =

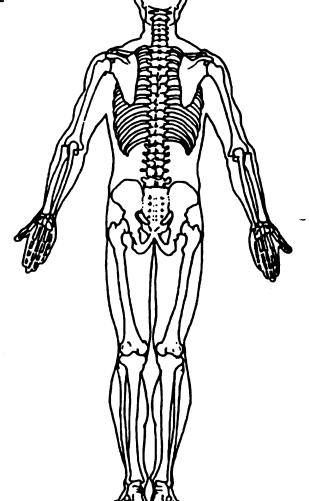
Aterial Blood Gases

PO₂ = ____/

PCO,

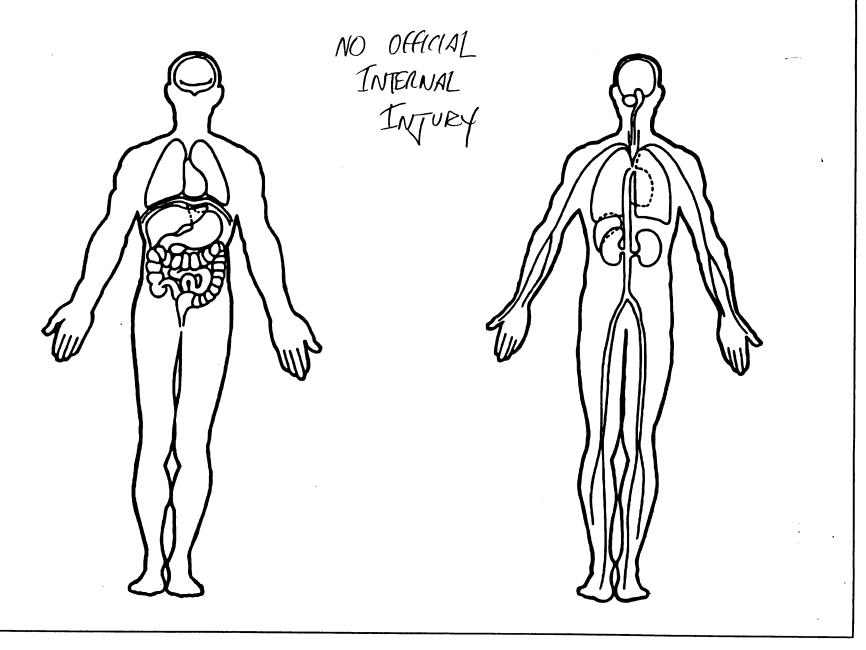


NO OTHER OFFICIAL FX'S



OFFICIAL INJURY DATA -INTERNAL INJURIES

Indicate the Location, Lesion, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



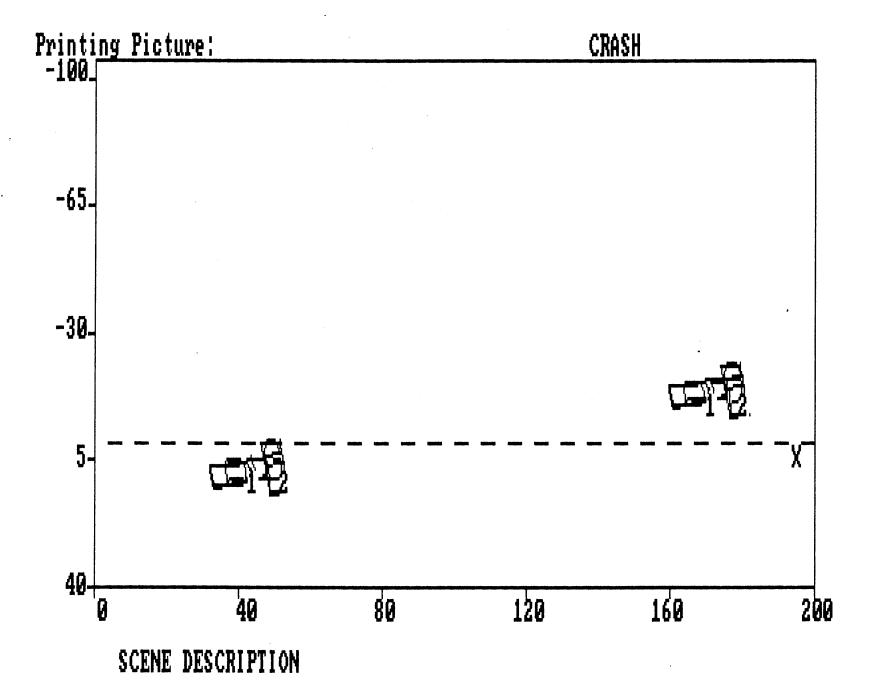


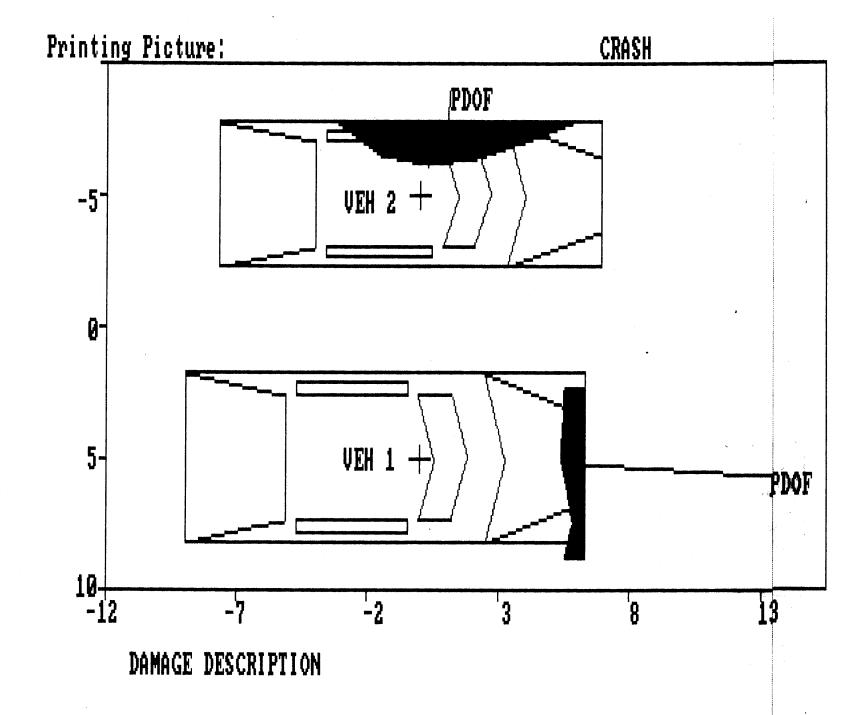
CRASHPC PROGRAM SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM

Administration	iety			<u>'</u>	CRASHWOR	THINESS DATA SYSTER
Identifying Title 43 Primary Sampling Unit	Case NoStratum		cident Event	Date	(Month, day, yea	9 <u>Z</u>
CRASHPC Vehicle Id	lentification					
Vehicle 1	1986	DODGE		RAM	250 V	/AN /
Vehicle 2	1990	TOUOTA		CELICA	×	2
Vernole 2	Year	Make			Model	NASS
		ENERAL IN	FORMAT	FION		Veh. No.
	<u> </u>	ENERVAL IIV	FUNIVIA	ION		
	VEHICLE I			VE	EHICLE 2	
Size	_	-7	Size			<u>Z</u>
Weight 3695 + 32		22	Weight	2500 + 160		<u> 2660</u>
	ant(s) Cargo	11/		Curb Occupant	(s) Cargo	1114
CDC / -	1Z FDE	$\frac{\omega}{2}$	CDC	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
PDOF	_0	05	PDOF		٦	005
Stiffness			Stiffness	S	•	2
		SCENE INFO	ORMATI	ON		
Rest and Impact Pos	sitions [] No, <i>Go T</i> VEHICLE 1	o Damage Info	rmation	[X] Yes ∨E	EHICLE 2	
Rest Position	8		Rest Pos	sition	,	
×	169	•	X		17	8.0
Y	9 14		- Y		9	4.5
PSI	0 10		PSI		@10	0.
Impact Position			Impact F	osition		
X	4 1	. 5	×		5	0.0
Y		0	Y			70
PSI	0010		PSI		010	\overline{C}
Slip Angle			Slip Ang	ıle		
Oup / mg.c						
		VEHICLE	MOTION			
Sustained Contact	Annual Made and an annual and an					
111 000 000 000 000 000 000 000 000 000	VEHICLE 1'		11219-111-11-15-1488		EHICLE 2)
Skidding	€ N No	[] Yes:	Skidding] No] Yes
Skidding Stop B	efore Rest [X] No	[] Yes		ding Stop Befo	ore Rest [No [] Yes
Impact Position			Impa	act Position	,	
X			X			·
Υ	·		Υ			·
PSI			PSI			
Curved Path Point on Path X	(X) No	[] Yes	Curved I Poin X	Path t on Path	Ι Χ	INO I IYes
Rotation Direction Rotation > 360°		l lccm	000000000000000000000000000000000000000	Direction (None I	CW [] CCW

FRICTION INFORMATION	TRAJECTORY INFORMATION
Coefficient of Friction	Trajectory Data [] No. [] Yes
Rolling Resistance Option	If No, Go To Damage Information
	Vehicle 1 Steer Angles
Vehicle 1 Rolling Resistance	LF RF
LF RF	LF RF
LF_1.0 RF_1.0 LR_01.01.RR_01.07	
	Vehicle 2 Steer Angles
Vehicle 2 Rolling Resistance	LF RF
LF 28 RF 28 LR 01	LF RF
LR O RF O	
	Terrain Boundary [] No [] Yes
	First Point
	X Y
	Second Point
	X Y ·
	Secondary Coefficient of Friction
DAMAGEIN	NFORMATION
VEHICLE 1	VEHICLE 2
Damage Length	Damage Length
Crush Depths C1 _ 9.0	Crush Depths C1 / . 2 5
C2 9 5	c2 17.0
C3 1 1 0	c3 2 1 . ZS
C4 7.75	c4 /8 . 5
C5 5 0	c5 / 1 . Z S
c6 8.75	c6 Z . Z S
	•
Damage Offset ±	Damage Offset ±
IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICL	E NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.
Model Year:	The Weight, CDC, Scene Data and Damage Information
Make:	for this vehicle should be recorded above.
Model:	
VIN:	
l	
Complete and ATTACH the appropriate vehic	tle damage sketch and dimensions to the Form.





SUSTAINED CONTACT SOLUTION FORM

SUMMARY OF CRASHPO RESULTS (USING SPINOUT)

1 C	9	a	C	٣	a	S	h
-----	---	---	---	---	---	---	---

IMPACT SPEED (LINEAR MOMENTUM AND SPINOUT)	VEH #1 VEH #2	TOTAL(MPH) 47.4 .5	LONG.(MPH), 47.4 5	LAT.(MPH) .0 .0	
SPEED CHANGE (DAMAGE)	VEH #1 VEH #2	TOTAL(MPH) 14.6 33.1	LONG.(MPH) -14.6 -2.9	LAT.(MPH) -1.3 33.0	ANG.(DEG) 5.0 -85.0
(LINEAR MOMENTUM AND SPINOUT)	VEH #1 VEH #2	14.5 32.9	-14.5 .3	.1 32.9	5 -90.5

ENERGY DISSIPATED BY DAMAGE VEH#1: 54701.2 FT-LB VEH#2: 89986.3 FT-LB

tray

SCENE INFORMATION

-	VEHICLE	# 1	VEHICLE	# 2
IMPACT X-POSITION IMPACT Y-POSITION IMPACT HEADING ANGLE	41.50	FT.	50.00	FT.
	8.00	FT.	7.00	FT.
	-10.00	DEG.	-100.00	DEG.
REST X-POSITION . REST Y-POSITION REST HEADING ANGLE	169.00	FT.	178.00	FT.
	-14.00	FT.	-14.50	FT.
	-10.00	DEG.	-100.00	DEG.
END-OF-ROTATION X-POSITION END-OF-ROTATION Y-POSITION END-OF-ROTATION HEADING ANGLE	41.50	FT.	50.00	FT.
	8.00	FT.	7.00	FT.
	-10.00	DEG.	-100.00	DEG.
DIRECTION OF ROTATION AMOUNT OF ROTATION	NONE <360		NONE <360	

COLLISION CONDITIONS

VI	EHICLE	# 1		VEH	ICLE	# 2	
XC10'		41.5	FT.	XC20'	****	50.0	FT.
YC10'	***	8.0	FT.	YC20'	==	7.0	FT.
PSI10	==	-10.0	DEG.	PSI20	==	-100.0	DEG.
PSI1D0		.0	DEG/SEC	PSI2DO	-	.0	DEG/SEC
BETA1	===	.0	DEG.	BETA2	===	.0	DEG.

SEPARATION CONDITIONS (USING SPINOUT)

	VEHICLE	# 1			VEHICLE	#2
US1	****	32.9	MPH	US2		3 MPH
VS1	***	. 1	MPH	VS2	==	32.9 MPH

PSISD1 = .0 DEG/SECPSISD2 = .0 DEG/SEC

RELATIVE VELOCITY	(LINEAR	MOMENTUM)	VEHICLE	#1	VEHICLE	#2

SPEED ALONG LINE THRU CG: .O MPH 47.3 MPH -.5 MPH SPEED ORTHOG. TO CG LINE: -2.7 MPH

CLOSING VELOCITY (LINEAR MOMENTUM): 47.3 MPH

SUMMARY OF DAMAGE DATA VEHICLE # 1

(* INDICATES DEFAULT VALUE) VEHICLE # 2

TYPECA	TEGORY 7	TYPECATEGORY 2
STIFFNESSCA	TEGORY 7	STIFFNESSCATEGORY 2
WEIGHT	6022.0 LBS.	WEIGHT 2660.0 LBS.
-CDC12	FDEW4	CDC09LYAW4
*	77.0 IN.	L 110.0 IN.
C1	9.0 IN.	C1 1.3 IN.
- C2	9.5 IN.	C2 17.0 IN.
C3	11.0 IN.	∘ C3 21.3 IN.
C4	7.8 IN.	C4 18.5 IN.
C5	5.0 IN.	C5 11.3 IN.
C6	8.8 IN.	C6 2.3 IN.
D	7.0	D 15.0
RH0	1.00 *	RHO 1.00 *
ANG	5.0 DEG.	ANG85.0 DEG.
D,	3.8 IN.	D' 12.2 IN.

DIMENSIONS AND INERTIAL PROPERTIES

Αi	==:	48.5	IN.	A2	==:	46.3	IN.
B1	:::	68.5	IN.	B2	===	50.1	IN.
TR1	-	67.6	IN.	TR2	===	54.6	IN.
Ti			LB-SEC**2-IN	12		20409.9	LB-SEC**2-IN
M1	****		LB-SEC**2/IN	M2	===	6.916	LB-SEC**2/IN
XF1			IN.	XF2	===	83.3	IN.
XR1		-107.0	IN.	XR2	=	-91.6	IN.
YS1		39.5	IN.	YS2	==	33.6	IN.
101			7147				

VEHICLE # 2

ROLLING RESISTANCE

VEHICLE # 1

MU----- .71

	1.00		.28
	1.00	RF	.28
LE:	.01		.01
RR	.01	RR	.01

SUMMARY OF CRASHPC RESULTS (USING SPINOUT)

43 109A Z.C.RERUN

SPEED CHANGE TOTAL (MPH) LONG. (MPH) LAT. (MPH) ANG. (DEG) (DAMAGE) **VEH #1** -14.6 14.6 -1.3 5.0 VEH #2 33.1 -2.9 33.0 -85.0

ENERGY DISSIPATED BY DAMAGE VEH#1: 54701.2 FT-LB VEH#2: 89986.3 FT-LB

Crash

PRESS ANY KEY TO CONTINUE

SUMMARY OF DAMAGE DATA (* INDICATES DEFAULT VALUE)

VEHICLE # 1

VEHICLE # 2

TYPE----CATEGORY TYPE----CATEGORY STIFFNESS---CATEGORY 7 STIFFNESS---CATEGORY WEIGHT----- 6022.0 LBS. WEIGHT----2660.0 LBS. CDC----12FDEW4 CDC-----09LYAW4 L---- 77.0 IN. L----- 110.0 IN. 9.0 IN. C1----C1-----1.3 IN. C2----9.5 IN. C2-----17.0 IN. C3----11.0 IN. 21.3 IN. C4----7.8 IN. 18.5 IN. C5----5.0 IN. 11.3 IN. C6-----8.8 IN. C6-----2.3 IN. D-----7.0 15.0 RH0----1.00 RH0----1.00 ANG----5.0 DEG. ANG------85.0 DEG. D '----3.8 IN. 12.2 IN.

DIMENSIONS AND INERTIAL PROPERTIES

A1	===	48.5	IN.	A2	****	46.3	IN.
B1	=	68. 5	IN.	B2	===	50.1	IN.
TR1	=	67.6	IN.	TR2	****	54.6	IN.
I 1	===	58137.5	LB-SEC**2-IN	12	==	20409.9	LB-SEC**2-IN
M 1.	==	15.658	LB-SEC**2/IN	M2		6.916	LB-SEC**2/IN
XF1	==	75.6	IN.	XF2	==	83.3	IN.
XR1	=	-107.0	IN.	XR2		-91.6	IN.
YS1	=	39.5	IN.	YS2	=	33.6	IN.

PRESS ANY KEY TO CONTINUE

- National Accident Sampling System --ERROR SUMMARY SCREEN

CASE 109A

PSU43

CURRENT VERSION: 6.01

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	N
General Vehicle	O	0	0	N
Vehicle Exterior	0	0	0	N
Vehicle Interior	0	0	0	Υ
Occupant Assesment	0	0	3	N
Occupant Interior	0	O	0	, N
Total Inter Errors		0	0	
Total Case Errors	0	0	3	

Press <ENTER> to continue...

INTRA ERRORS

	OHH0021	2	Given Occupant AGE DA05 and Occupant SEX DA06, (OCCUPANT
HEIGHT	HH0022		OAO7 is questionable. See Table A1.	

INTRA ERRORS

	OHH1271	2	***** THIS CASE SHOWS EJECTION WITH RESTRAINT USEAGE.
*****	HH1272		***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZON
E *****	HH1273		EJECTION OA12 is equal to 1-3 and (MANUAL BELT USE OA18
does not	HH1274		equal 00 or AIR BAG DEPLOYMENT OA22 does not equal 0
	HH1275		or AUTOMATIC BELT USE 0A45 does not equal 0).

HH1281	2	***** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. ****	
HH1282		***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******	
HH1283		AIR BAG AVAILABILITY/FUNCTION OA21 equals 1-3.	

```
43109A00000011 926.011000000000220250010001 92
001339000032704
                7926.0110000000000114F0201L
43109A00010012
                  6.01 0000000008607461212B7HB23T6GK 15509655068810202037
43109A01000021
20010000150060215-14-010547110
                  0000000015412
43109A01000022
                  6.01 000000000010212FDEW04
                                                      077091011080509+007
43109A01000031
              0112760001
43109A01000041
                  6.01 0000000000130310000020080080200000001000000010000000
                  6.01 000000000130522131912131711120312130412
43109A01000042
                        000127180
                  6.01 000000000181791871110000004000000001010000000000002420
43109A01010051
001000000000400000115101
                  6.01 0000000003CWCI1061100
43109A01010161
                  6.01 0000000003FWLI1011100
43109A01010261
43109A01010361
                  6.01 0000000003CWAI1061100
                  6.01 0000000003WLLI1091100
43109A01010461
43109A01020051
                  6.01 000000003916714021300000400000000108000000000002420
0000000000000700000102101
                  6.01 0000000003HPAI1621100
43109A01020161
                 6.01 0000000003KLTM1112205
43109A01020261
43109A01020361
                  6.01 0000000003WRLI1112105
43109A01020461
                  6.01 0000000007YLAI1112105
43109A01020561
                  6.01 0000000007YRAI1112105
                  6.01 0000000007WRAI1113105
43109A01020661
                  6.01 0000000007WLAI1113105
43109A01020761
                                                  013509655018910101025
                  6.01 000000000904903302JT2AT86FXL
43109A02000021
00010000060150234-03+330900111
                  10000000011700
43109A02000022
                                                      110011721191102+015
                  6.01 000000000010109LYAW04
43109A02000031
               0109940001
                  6.01 00000000063300000002696998800000001222220012211100
43109A02000041
43109A02000042
                  6.01 0000000001302411107332128331127331219331110331117232108
231102211113131
                        000042101
43109A02010051
                  6.01 0000000001726616011192242140411111430260000000000004100
0620199000010000000101101
                  6.01 0000000002HLFS3712100
43109A02010161
43109A02010261
                  6.01 0000000002ALLI1912300
                  6.01 0000000002LRCI1571100
43109A02010361
43109A02010461
                  6.01 0000000002NLAI1413100
                  6.01 0000000002SLAI1203106
43109A02010561
                  6.01 0000000002CCAI1413100
43109A02010661
                  6.01 0000000002MWAI1413100
43109A02010761
                  6.01 0000000002TLAI1202106
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                  6.01 0000000002LLAI1092109
43109A02010961
                  6.01 0000000002LRAI1092109
43109A02011061
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0000000000000

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43109A00000011 925.041000000000220250010001 92 92 92 3 92024424000
001339000032704
43109A00010012 325.041000000000113F0201L
43109A01000021
                  5.04 00000000860746121287HB23T6Gk 15509655068810202037
20010000150060215-14-010547110
43109A01000022
                  43109A01000031
                  5.04 000000000010212FDEW04
                                                     077091011080509+007
               0112760001
43109A01000041
                  5.04 0000000000130310000020080080200000001000000010000000
43109A01000042
                  5.04 000000000130522131912131711120312130412
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43109A01010051
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001000000000400000115101
43109A01010161
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43109A01010261
                  5.04 0000000003FWLI1011100
43109A01010361
                  5.04 0000000003CWAI1061100
43109A01010461
                  5.04 000000003WLLI1091100
43109A01020051
                  5.04 00000000391671402130000004000000001080000000000002420
000000000000700000102101
43109A01020161
                  5.04 0000000003HPAI1621100
43109A01020261
                  5.04 0000000003KLTM1112205
43109A01020361
                  5.04 0000000003WRLI1112105
43109A01020461
                  5.04 0000000007YLAI1112105
43109A01020561
                  5.04 0000000007YRAI1112105
43109A01020661
                  5.04 0000000007WRAI1113105
43109A01020761
                  5.04 0000000007WLAI1113105
43109A02000021
                  5.04 000000000904903302JT2AT86FXL 015509655018910101025
00010000060150233-03+330900211
43109A02000022
                  43109A02000031
                  5.04 000000000010109LYAW04
                                                      110011721191102+015
              0109940001
43109A02000041
                  5.04 000000000633000000002696998800000001222220012211100
43109A02Q00042
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231102211113131
                        000042101
43109A02010051
                  5.04 0000000017266160111922421404111114302600000000000004100
062019900001000000101101
43109A02010161
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43109A02010261
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43109A02010361
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43109A02010461
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43109A02010561
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43109A02010661
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43109A02010961
                  5.04 0000000002LLAI1092109
                  5.04 0000000002LRAI1092109
43109A02011061
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```

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

1 1

INTRA ERRORS

NT AGE 0A05 and OCCUPANT SEX 0A06, OCCUPANT HEIGHT HH0022 0A07 is questionable. See Table A1.

O

OCCUPANT ASSESSMENT Vehicle: 2 Occupant: 1

11

INTRA ERRORS

	OHH1271 2	: ***** THI
S CASE SHOWS EJECTION WITH RESTRAINT USEAGE. *****	HH1272	***** CHE
CK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******	HH1273	EJECTION OA
12 is equal to 1-3 and ((MANUAL BELT USE OA18 does	HH1274	not equal O
O orO1) or (AIR BAG DEPLOYMENT OA22 does not equal	HH1275	0 or 4) or
AUTOMATIC BELT USE 0A45 does not equal 0 or 2)).		

HH1281 2 ****** THIS VEHICLE IS INICATED AS HAVING AN AIRBAG. *****
HH1282 ***** CHECK YOUR DATA AND IF CORRECT, NOTIFY YOUR ZONE ******
HH1283 AIR BAG AVAILABILITY/FUNCTION 0A21 equals 1-3.

0

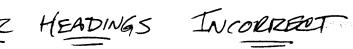
PSU43 CASE 109A

ERROR SUMMARY SCREEN

93

CURRENT VERSION: 5.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	.3	,-,	. ,
General Vehicle	0	0	0	Y
Vehicle Exterior	Ö	0	0	Y V
Vehicle Interior	Ŏ	Ö	0	7 V
Occupant Assesment	Ö	Ö	3	T V
Occupant Interior	Ō	ŏ	ŏ	Ý
Total Inter Errors		O	0	



U.S. Department of Transportation

National Highway Traffic Safety Administration

SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM CRASHWORTHINESS DATA SYSTEM

Primary S	Primary Sampling Unit Number 43 Case Number – Stratum 109 A				
Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter		
1-173	/	S	Approach Trajectory		
	//	1/	POI		
	//	Æ	POST IMPACT TRAJ.		
•	ı,	"	FR		
	11	N	LACKBACK @ POI " VEH. EXITS ROADWAY " " CR		
	11 -	Ц	" VEH EXITS ROADWAY		
	11	NW	" " CR		
	2	E	Approach		
	"	4.	POI		
	"	SE	POST IMPACT TRAJ.		
	11	"/	PR		
	11	W	LOOKBACK OF POI		
	11	NW	LOOKBACK OF POI "VEH. EXITS ROADWAY " " PR		
	//		" PR		
		NW	ACCIDENT SOME OVENIEW		
		NE	11		
		SE	" " "		
		SW	" " " " " " " " " " " " " " " " " " " "		
	1		VEH. EXTERIOR W/ V2 DRIVER'S HAIR / BLOOD		
		· ·	TO REFOR VI (WI GAGE PLACEMENT)		
			1/2 PAINT T. FER TO (R) PLANE		
			MORE HAIR/ BLOOD FROM V2 DRIVER		
			VEH. INTERIOR W/ OCC CONTACTS		
			R) SLIDING DOOR ASSU. NO FAILURE		
			VI CARGO 2 1900 LGS. 16 BAGS		
	2		VEH. EXTERIOR W/ GAGE PLACEMENT		
	ļ		AND EXTRICATION DAMAGE		

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
			VEH. INTERIOR W/ Cec. Confacts 1/1 BELT CUT W/ FAGGIC T. PER DERE REM'D By EMS 1/1 = TOP
			1/1 BELT CUT W/ FABRICE TIFER
			DOOK REM'D By EMS 1/1 = Top
			AIRBAG W/ SMALL UNK LEARS
			VEH. INTERIOR (CON'T) WITH INTRUSION
	,		WEASUREMENT STRINGLINE Placement V2 ROOF W/ HAIR SAMPLES
			BOTH Interior + Exterior @
			B. Pillac
			· .
	·		
	L	1	

.





















011(1002) 1

































DW (1995)







....,











00M (100E) 110





































































9A (1992) #68

















9A (1992) #76

















PSU 43-109A (1992) #84





PSU 43-109A (1992) #86













9A (1992) #9



J9A (1992) #93









PSU 43-109A (1992) #97





PSU 43-109A (1992) #99







((JAAS) # JOS



M (1892)#10



PSU 43-109A (1992) #104











A (1992) #10



PSU 43-109A (1992) #110 Best Available





PSU 43-109A (1992) #112 Best Available



PSU 43-109A (1992) #113



PSU 43-109A (1992) #114 Best Available





PSU 43-109A (1992) #116 Best Available







Best Available



Best Available



PSU 43-109A (1992) #1



Best Available



PSU 43-109A (1992) #123





A (1992) #125





9A (1992) #127





Best Available



PSU 43-109A (1992) #130 Best Available



PSU 43-109A (1992) #131 Best Available



PSU 43-109A (1992) #132







09A (1992) #135



Best Available



PSU 43-109A (1992) #137



Best Available







M (1002) #141





(1992) #143





79A (1992) #14:







A (1992) #148





railable



hailable



109A (1992) #15 et Available



Best Available



i-109A (1992) #11 lost Avolšoblo



9A (1992) #15



Best Available







ailable





9A (1992) #16



PSU 43-109A (1992) #162



et Available





PSU 43-109A (1992) #165



9A (1992) #16



vailable





A (1992) #16





vailable



